

# Healthcare Information Resource Center

Public File

## DOCUMENTATION

The State Utilization Data File  
of Home Health Agency and Hospice Facilities

**Calendar Year  
2002**

**State Utilization Data File  
of Home Health Agency and Hospice Facilities 2002**

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# State Utilization Data File of Home Health Agency and Hospice Facilities 2002

## Introduction

The Office of Statewide Health Planning and Development (OSHPD) annually produces the *State Utilization Data File of Home Health Agency and Hospice Facilities*. The data come from the individual Home Health Agencies (HHA) and/or Hospices that are filed by California's licensed facilities for the previous calendar year. The data are "as reported" by each facility after complying with input quality control edits. The HHA/Hospice utilization data file includes additional data fields populated by information derived from licenses issued by the California Department of Health Services (DHS). Due to occasional time lags between licensing activities and subsequent updates to OSHPD's Licensed Facility Information System (LFIS), some fields that are based on licensing data may not provide the most current information (visit the OSHPD website regarding LFIS: <http://alirts.oshpd.ca.gov/LFIS/LFISHome.aspx> A login is not required for general use). As with many new systems, unanticipated problems and omissions can occur. That means that future sets of the data file may include corrections of data earlier released.

OSHPD welcomes suggestions for improving our data products. Email your suggestions to [hircweb@oshpd.ca.gov](mailto:hircweb@oshpd.ca.gov)

## New Online Reporting System: ALIRTS

Beginning with 2002 data, facilities began to submit their utilization data to OSHPD through a new, paperless, Internet-based reporting system known as ALIRTS (Automated Licensing Information and Report Tracking System). Once the data are submitted and meet the ALIRTS input quality criteria, the data are accepted and immediately become available to the public via the Internet (<http://alirts.oshpd.state.ca.us>). In addition to the data reported by each licensed facility, ALIRTS also has current and historical facility licensing information. The ALIRTS perspective for both utilization data and licensing data is by individual licensed facility.

OSHPD creates this State Utilization Data File of Home Health Agency and Hospice Facilities after the annual reporting deadline, March 15, arrives for all individual licensed facilities.

## New Data File Format

In addition to online reporting, another recent change involves the file type used for the public data file. Rather than displaying the data in a comma-delimited text file, the data file is now configured as a MS Excel file. The Excel software application uses "sections" or "tabs" called **worksheets**. This more efficient file management system permits the display of all the data in addition to any explanatory notes that help the user better understand the data. The data file is contained in one of the three worksheets. In the data file, each row (line) represents one facility and the facility's data are displayed across the columns. Each column displays the values for one data field. The data are generally displayed along the order of the report form (see example below).

Excel was selected because it is the analytical software used by most HHA/Hospice utilization data users. Its file format has become as generic as text file format. Excel was also selected

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because it can handle multiple worksheets in one file. A note for those data users who do not have Excel: Most analytical software can import Excel worksheets. If the Excel file format is not compatible with your software, contact OSHPD ([hirc@oshpd.ca.gov](mailto:hirc@oshpd.ca.gov)) to obtain individual, comma-delimited text data files.

### More on the Use of the MS-Excel Worksheets

There are five worksheets in the *State Utilization Data File of Home Health Agency and Hospice Facilities*. To navigate from one worksheet to another, click on the applicable tab at the bottom of your screen. (See a recent year example in Figure 1, below):

55	406074067	KAISER FOUNDATION MARTINEZ HOSPICE	200 MUIR ROAD		MARTINEZ	94553	925-2
56	406074070	SUTTER VISITING NURSE ASSOC. AND HOSPICE - BRANCH	1900 BATES AVENUE, STE A-D		CONCORD	94520	925-6
57	406074087	PROFESSIONAL HEALTHCARE AT HOME-PARENT	2023 VALE ROAD, SUITE 202		SAN PABLO	94806	510-2
58	406074088	AFFILIATED HOME CALLS - BRANCH	2819 CROW CANYON RD. STE. 103		SAN RAMON	94538	925-8
59	406074089	ACCREDITED THERAPEUTICS INC.	2970 HILL TOP MALL RD. STE. 101		RICHMOND	94806	510-2

Navigation tabs: Tips | Sections 1-4 | Sections 5-7 | Sections 8-10 | NonResponders

Figure 1

### Description of the Worksheets in the Data File

**Tips:** This worksheet provides suggestions for more effectively using the data file and general notes pertinent to the facilities reporting data.

**Sections 1 - 4** This worksheet reflects the first four sections of the *Annual Utilization Report of Home Health Agencies/Hospices* report form:

- **Section 1** includes basic facility descriptors, e.g., name and address.
- **Section 2** includes license type, entity type, ownership description.
- **Section 3** provides patient admissions and payer information for HHA/Hospice.
- **Section 4** presents patient and visit information by principal diagnosis.

**Sections 5 - 7** This worksheet reflects Sections 5 through 7 of the *Annual Utilization Report of Home Health Agencies/Hospices* report form:

- **Section 5** refers to Hospice or Hospice svcs. accreditation, ownership, & payers.
- **Section 6** includes Hospice/Hospice services visits by type of staff.
- **Section 7** includes Hospice/Hospice svcs. patient info. on admissions & discharges.

**Sections 8 - 10** This worksheet reflects Sections 8 through 10 of the *Annual Utilization Report of Home Health Agencies/Hospices* report form:

- **Section 8** includes Hospice/Hospice svcs. visits, patient days by diagnosis.
- **Section 9** includes Hospice/Hospice svcs. level of care and payment sources.
- **Section 10** provides Hospice/Hospice svcs. income and expenses statement.

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**Nonresponders:** This worksheet lists the facilities that failed to report their utilization data for the reporting year. A minimal amount of data from these facilities is provided.

**Technical Notes:** (Optional) This is a special worksheet that is included in the data file to elaborate on the substantial impact of any data anomalies found in the data file.

The worksheets' default (original) sequence order: The first two columns of the data worksheets display the facility's name and OSHPD\_ID number. The worksheet lists the facilities in numeric order by OSHPD\_ID number (Column A). Because the county code is in the third and fourth digits, the facilities are also in county order when sorted in numeric order.

### Significant Data Field Changes in the State Utilization Data File

For 2002, there were no major data field changes. There is one note for clarification:

- New fields for displaying **future data items** are included in this dataset. Users should note that these items are not derived from facility-reported data or from the Licensing and Certification Division of DHS. Some of these fields remain unpopulated for 2002 but are slated to be filled in future datasets. These fields are located between the License Status and County fields.

### Traditional and Alternative Header Rows

The Office recognizes that users of the data have varying preferences regarding header rows. Three header row styles are offered here (see Figure 2 below that shows a related sample). For users who prefer English names, the first alternative header row displays English abbreviations.

	A	B	C	D	E
1	OSHPD_ID	FAC_NAME	FAC_ADDRESS_1	FAC_ADDRESS_2	FAC_CITY
2	slc010201	slc010101	slc010301	slc010301	slc010401
3					
4	1.2.1	1.1.1	1.3.1	1.3.1	1.4.1
5	406010790	KAISER HOSPITAL HOME HEALTH AGENCY-OAKLAND (PARENT	235 WEST MACARTHUR BOULEVARD		OAKLAND
6	406011340	AFFILIATED HOME CALLS-PARENT	1420 HARBOR BAY PARKWAY, NO.150		ALAMEDA
7	406012270	SUTTER VISITING NURSE ASSOCIATION AND HOSPICE	1900 POWELL ST., SUITE 300		EMERYVILL
8	406013367	KAISER HOSPITAL HOME HEALTH AGENCY	30116 EIGENBRODT		UNION CITY
9	406013639	PATHWAYS HOME HEALTH AND HOSPICE	7901 OAKPORT STREET STE 3500		OAKLAND

**Figure 2**

The second alternative header (row 2) contains alpha characters, does not include periods, and uses the Section+Line+Column type layout. Each field name in this set begins with the letters "slc", followed by 2-digit **section**, 2-digit **line** and 2-digit **column** numbers. For example, the field that is related to the question, "Was this agency in operation at any time during year?" (**section 1, line 9, column 1**), would be field name "slc010901." This type header is especially helpful when the user will be conducting many sorts with the data.

The third header row represents the style that has been traditionally used for this data file. The field names display the section+line+column numbers, separated by "dots" (periods). Thus,

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using the prior example, “Was this agency in operation at any time during year?” is reported in Section 1, Line 9, Column 1. This field appears in spreadsheet Column I in the “Sections 1-5” worksheet and is displayed as “1.9.1”. This report-form-coordinates format is less complex for display purposes but does require the data user to refer to a copy of the report form when using the data file. A copy of the blank reporting form is provided as Appendix A, located at the end of this documentation file. Printing a hard copy for reference is recommended.

These header styles are simply alternatives for your use. You have the option to use one or all three, and delete those not needed. A final note: If the data in the utilization data worksheet are intended to be imported into other analytical (database) software, be aware that some database applications require at least one alpha character in the field name, while others will not allow “periods.” The alternative field names in the two first rows both meet these naming conventions.

HHA Hospice Documentation - Sections 1 through 4				
	Header Row Field Names			
Worksheet Column	Report Form		English Abbreviation	Description
	Section-Line-Column Coordinates			
	Short Version with periods and without alpha	Long Version with alpha and without periods		
A	1.2.1	slc010201	OSHPD_ID	OSHPD Identification Number
B	1.1.1	slc010101	FAC_NAME	Facility Name
C	1.3.1	slc010301	FAC_ADDRESS_ONE	Facility Address one
D	1.3.1	slc010301	FAC_ADDRESS_TWO	Facility Address two
E	1.4.1	slc010401	FAC_CITY	City location of facility
F	1.5.1	slc010501	FAC_ZIPCODE	Zipcode of facility
G	1.6.1	slc010601	FAC_PHONE	Telephone of facility
H	1.7.1	slc010701	FAC_ADMIN_NAME	Name of Facility Administrator
J	1.9.1	slc010901	FAC_OPER_CURR_YR	Facility in operation at any time during report period?
K	1.10.1	slc011001	BEG_DATE	Begin date of operation
L	1.11.1	slc011101	END_DATE	End date of operation
M	1.12.1	slc011201	PARENT_NAME	Name of Parent corporation
N	1.13.1	slc011301	PARENT_ADDRESS_ONE	Parent corporation address one
O	1.13.1	slc011301	PARENT_ADDRESS_TWO	Parent corporation address two
P	1.14.1	slc011401	PARENT_CITY	Parent corporation city
Q	1.15.1	slc011501	PARENT_STATE	Parent corporation state
R	1.16.1	slc011601	PARENT_ZIPCODE	Parent corporation zipcode
S	1.17.1	slc011701	REPORT_PREP_NAME	Name of person completing the report
W	LIC_STATUS	LIC_STATUS	LIC_STATUS	Status of facility's license on 12/31, according to California Department of Health Services (DHS)
X	LIC_STATUS_DATE	LIC_STATUS_DATE	LIC_STATUS_DATE	Date of status of facility's license, according to DHS
Y	LIC_ORIG_DATE	LIC_ORIG_DATE	LIC_ORIG_DATE	Date that the facility was originally licensed.
AC	MGT_COMPANY	MGT_COMPANY	MGT_COMPANY	Management Company
AE	TEACH_HOSP	TEACH_HOSP	TEACH_HOSP	Facility is considered a teaching hospital.
AF	MCAL_PROVIDER_NO	MCAL_PROVIDER_NO	MCAL_PROVIDER_NO	Medi-Cal Provider Number
AG	MCARE_PROVIDER_NO	MCARE_PROVIDER_NO	MCARE_PROVIDER_NO	Medicare Provider Number
AH	ACLAIMS_NO	ACLAIMS_NO	ACLAIMS_NO	ACLAIMS Number
AI	ASSEMBLY_DIST	ASSEMBLY_DIST	ASSEMBLY_DIST	Assembly District
AJ	SENATE_DIST	SENATE_DIST	SENATE_DIST	Senate District
AK	CONGRESS_DIST	CONGRESS_DIST	CONGRESS_DIST	Congressional Dist
AL	CENS_TRACT	CENS_TRACT	CENS_TRACT	Census Tract
AM	MED_SVC_STUDY_AREA	MED_SVC_STUDY_AREA	MED_SVC_STUDY_AREA	Medical Service Study Area is a planning area.
AN	LACO_SVC_PLAN_AREA	LACO_SVC_PLAN_AREA	LACO_SVC_PLAN_AREA	LA County Service Planning Area is a planning area for Los Angeles County.
AO	HEALTH_SVC_AREA	HEALTH_SVC_AREA	HEALTH_SVC_AREA	Health Service Area is a planning area.
AP	1.21.20	slc012120	COUNTY	County
AQ	1.25.1	slc012501	HOME_HLTH_ENTITY_TYPE	Entity, selection of type of home health agency, HHA
AR	1.26.2	slc012602	HOME_HLTH_ENTITY_RELATION	Entity, selection of relationship: parent with branch(es), HHA

**HHA Hospice Documentation - Sections 1 through 4**

Worksheet Column	Header Row Field Names			Description
	Report Form		English Abbreviation	
	Section-Line-Column Coordinates			
	Short Version with periods and without alpha	Long Version with alpha and without periods		
AS	2.1.1	slc020101	TYPE_CNTRL	There are nine (9) Types of Control (ownership): --Investor - Individual --Investor - Partnership --Investor - Limited Liability Company --Investor - Corporation --Nonprofit Corporation (includes church-related) --State --City and/or County --District --University of California
AT	2.5.1	slc020501	HHA_CERT_HOME_HLTH	Certification, selection, HHA
AU	2.10.1	slc021001	HHA_ACCRED_HOME_HLTH_ACHC	Accreditation by ACHC (refer to Report survey)
AV	2.11.1	slc021101	HHA_ACCRED_HOME_HLTH_CHAP	Accreditation by CHAP (refer to Report survey)
AW	2.12.1	slc021201	HHA_ACCRED_HOME_HLTH_JCAHO	Accreditation by JCAHO (refer to Report survey)
AX	2.13.1	slc021301	HHA_ACCRED_HOME_HLTH_OTHR	Accreditation, other (refer to Report survey)
AY	2.15.1	slc021501	HHA_NUR_RN_HOME_VISIT	Registered Nurse to home visits. Yes or No.
AZ	2.16.1	slc021601	HHA_PHARM_LIC	Pharmacy, licensed home health. Yes or No.
BA	2.20.1	slc022001	HHA_AIDS_SPC_SVCS	Special services: AIDS services. Yes or No.
BB	2.21.1	slc022101	HHA_BLOOD_TRANSF_SPC_SVCS	Special services: blood transfusions. Yes or No.
BC	2.22.1	slc022201	HHA_ENTEROST_THER_SPC_SVCS	Special services: enterostomal therapy. Yes or No.
BD	2.23.1	slc022301	HHA_IV_THER_SPC_SVCS	Special services: IV therapy, including Chemo and TPN. Yes or No.
BE	2.24.1	slc022401	HHA_MENTAL_HLTH_SPC_SVCS	Special services: mental health counseling. Yes or No.
BF	2.25.1	slc022501	HHA_PED_SPC_SVCS	Special services: pedaitric. Yes or No.
BG	2.26.1	slc022601	HHA_PSY_NURSING_SPC_SVCS	Special services: psychiatric nursing. Yes or No.
BH	2.27.1	slc022701	HHA_RESP_THER_SPC_SVCS	Special services: respiratory/pulmonary therapy. Yes or No.
BI	2.28.1	slc022801	HHA_OTHR_SPC_SVCS	Special services: other. Yes or No.
BJ	2.30.1	slc023001	HHA_PATIENTS_HHA_UNDUPL	Unduplicated patients seen by agency.
BK	2.31.1	slc023101	HHA_PRE_ADM_HOME_HLTH_VISIT	Visits, pre-admission home health
BL	2.32.1	slc023201	HHA_OUTPT_HOME_HLTH_VISIT	Visits, outpatient
BM	2.33.1	slc023301	HHA_OTHR_HOME_HLTH_VISIT	Visits, other
BN	2.34.1	slc023401	HHA_TOTL_HOME_HLTH_VISIT	Visits, home health TOTAL
BO	2.40.1	slc024001	HHA_PERFORM_OTHR_HOME_CARE	Services performed, other home health. Yes or No.
BP	2.41.1	slc024101	HHA_PERFORM_OTHR_HOME_CARE_HRS	Services performed, other home health, hours.
BQ	2.50.1	slc025001	HHA_OTHR_HOME_HLTH_CNA	Services other, home care, staff, and functions performed, by certified nurse assistant (CNA)
BR	2.51.1	slc025101	HHA_OTHR_HOME_HLTH_AIDE	Services other, home care, staff, and functions performed, by home health aide
BS	2.52.1	slc025201	HHA_OTHR_HOME_HLTH_HOMEMKR_SVC	Services other, home care, staff, and functions performed: homemaker services
BT	2.53.1	slc025301	HHA_OTHR_HOME_HLTH_INTERMITT	Services other, home care, staff, and functions performed, by non-intermittent nursing (RN / LVN)
BU	2.54.1	slc025401	HHA_OTHR_HOME_HLTH_CARE_SVC	Services other, home care, staff, and functions performed: Other.
BV	3.1.1	slc030101	HHA_PATIENTS_UNDUPL_<=10	Patients, unduplicated (pt. counted only once) seen of age group,
BW	3.1.2	slc030102	HHA_VISITS_ALL_PATIENTS_<=10	Visits by patients, ALL, of age group, 0 to 10 years.
BX	3.2.1	slc030201	HHA_PATIENTS_UNDUPL_11TO20	Patients, unduplicated (pt. counted only once) seen of age group,
BY	3.2.2	slc030202	HHA_VISITS_ALL_PATIENTS_11TO20	Visits by patients, ALL, of age group, 11 to 20 years.



**HHA Hospice Documentation - Sections 1 through 4**

Worksheet Column	Header Row Field Names			Description
	Report Form		English Abbreviation	
	Section-Line-Column Coordinates			
	Short Version with periods and without alpha	Long Version with alpha and without periods		
BZ	3.3.1	slc030301	HHA_PATIENTS_UNDUPL_21TO30	Patients, unduplicated (pt. counted only once) seen of age group,
CA	3.3.2	slc030302	HHA_VISITS_ALL_PATIENTS_21TO30	Visits by patients, ALL, of age group, 21 to 30 years.
CB	3.4.1	slc030401	HHA_PATIENTS_UNDUPL_31TO40	Patients, unduplicated (pt. counted only once) seen of age group,
CC	3.4.2	slc030402	HHA_VISITS_ALL_PATIENTS_31TO40	Visits by patients, ALL, of age group, 31 to 40 years.
CD	3.5.1	slc030501	HHA_PATIENTS_UNDUPL_41TO50	Patients, unduplicated (pt. counted only once) seen of age group,
CE	3.5.2	slc030502	HHA_VISITS_ALL_PATIENTS_41TO50	Visits by patients, ALL, of age group, 41 to 50 years.
CF	3.6.1	slc030601	HHA_PATIENTS_UNDUPL_51TO60	Patients, unduplicated (pt. counted only once) seen of age group,
CG	3.6.2	slc030602	HHA_VISITS_ALL_PATIENTS_51TO60	Visits by patients, ALL, of age group, 51 to 60 years.
CH	3.7.1	slc030701	HHA_PATIENTS_UNDUPL_61TO70	Patients, unduplicated (pt. counted only once) seen of age group,
CI	3.7.2	slc030702	HHA_VISITS_ALL_PATIENTS_61TO70	Visits by patients, ALL, of age group, 61 to 70 years.
CJ	3.8.1	slc030801	HHA_PATIENTS_UNDUPL_71TO80	Patients, unduplicated (pt. counted only once) seen of age group,
CK	3.8.2	slc030802	HHA_VISITS_ALL_PATIENTS_71TO80	Visits by patients, ALL, of age group, 71 to 80 years.
CL	3.9.1	slc030901	HHA_PATIENTS_UNDUPL_81TO90	Patients, unduplicated (pt. counted only once) seen of age group,
CM	3.9.2	slc030902	HHA_VISITS_ALL_PATIENTS_81TO90	Visits by patients, ALL, of age group, 81 to 90 years.
CN	3.10.1	slc031001	HHA_PATIENTS_UNDUPL_>=91	Patients, unduplicated (pt. counted only once) seen of age group,
CO	3.10.2	slc031002	HHA_VISITS_ALL_PATIENTS_>=91	Visits by patients, ALL, of age group, 91 years and older.
CP	3.15.1	slc031501	HHA_PATIENTS_UNDUPL_TOTL	Patients, unduplicated (pt. counted only once) of ALL age groups,
CQ	3.15.2	slc031502	HHA_VISITS_ALL_PATIENTS_TOTL	Visits by patients, ALL, of ALL age groups, TOTAL
CR	3.21.1	slc032101	HHA_ADM_REF_ANOTHER_HHA	Admission by source of referral: another home health agency
CS	3.22.1	slc032201	HHA_ADM_REF_CLINIC	Admission by source of referral: clinic
CT	3.23.1	slc032301	HHA_ADM_REF_FAMILY_FRND	Admission by source of referral: family friend
CU	3.24.1	slc032401	HHA_ADM_REF_HOSPICE	Admission by source of referral: hospice
CV	3.25.1	slc032501	HHA_ADM_REF_HOSPITAL	Admission by source of referral: hospital
CW	3.26.1	slc032601	HHA_ADM_REF_HEALTH_DEPT_LOCAL	Admission by source of referral: local health dept
CX	3.27.1	slc032701	HHA_ADM_REF_LTC_FAC_SN_IC	Admission by source of referral: long-term facility
CY	3.28.1	slc032801	HHA_ADM_REF_MSSP	Admission by source of referral: MSSP
CZ	3.29.1	slc032901	HHA_ADM_REF_PAYER_INS_HMO	Admission by source of referral: payer (insurance, HMO, etc)
DA	3.30.1	slc033001	HHA_ADM_REF_PHYSN	Admission by source of referral: physician
DB	3.31.1	slc033101	HHA_ADM_REF_SELF	Admission by source of referral: self
DC	3.32.1	slc033201	HHA_ADM_REF_AGENCY_SOC_SVC	Admission by source of referral: social service agency
DD	3.34.1	slc033401	HHA_ADM_REF_OTHR	Admission by source of referral: Other
DE	3.35.1	slc033501	HHA_ADM_REF_TOTL	Admission by ALL referral sources, TOTAL
DF	3.41.1	slc034101	HHA_DIS_HOSPITAL_ADM	Discharge by reason: admitted to hospital
DG	3.42.1	slc034201	HHA_DIS_SN_IC_ADM	Discharge by reason: admitted to skilled nurse, intermediate care
DH	3.43.1	slc034301	HHA_DIS_DEATH	Discharge by reason: death
DI	3.44.1	slc034401	HHA_DIS_TO_FAM_FRND	Discharge by reason: to family friend
DJ	3.45.1	slc034501	HHA_DIS_LACK_OF_FUNDS	Discharge by reason: lack of funds
DK	3.46.1	slc034601	HHA_DIS_LACK_OF_PROGRESS	Discharge by reason: lack of progress
DL	3.47.1	slc034701	HHA_DIS_CARE_NOT_NEEDED	Discharge by reason: no further care needed
DM	3.48.1	slc034801	HHA_DIS_PATIENT_MOVED	Discharge by reason: patient moved out of area
DN	3.49.1	slc034901	HHA_DIS_PATIENT_REFUSED_SVC	Discharge by reason: patient refused service
DO	3.50.1	slc035001	HHA_DIS_PHYSN_REQUEST	Discharge by reason: physician request
DP	3.51.1	slc035101	HHA_DIS_TRANSF_ANOTHER_HHA	Discharge by reason: transferred to another home health agency
DQ	3.52.1	slc035201	HHA_DIS_TRANSF_HOME_CARE	Discharge by reason: transferred to home care
DR	3.53.1	slc035301	HHA_DIS_TRANSF_HOSPICE	Discharge by reason: transferred to hospice
DS	3.54.1	slc035401	HHA_DIS_TRANSF_OUTPT_REHAB	Discharge by reason: transferred to outpatient rehabilitation

HHA Hospice Documentation - Sections 1 through 4				
	Header Row Field Names			
Worksheet Column	Report Form		English Abbreviation	Description
	Section-Line-Column Coordinates			
	Short Version with periods and without alpha	Long Version with alpha and without periods		
DT	3.59.1	slc035901	HHA_DIS_OTHR	Discharge by reason: Other
DU	3.60.1	slc036001	HHA_DIS_TOTL	Discharge by ALL reasons, TOTAL
DV	3.71.1	slc037101	HHA_VISITS_HOME_HLTH_AIDE_STF	Visits by staff or type: home health aide
DW	3.72.1	slc037201	HHA_VISITS_NUTRITIONIST_STF	Visits by staff or type: nutritionist
DX	3.73.1	slc037301	HHA_VISITS_OT_STF	Visits by staff or type: occupational therapist
DY	3.74.1	slc037401	HHA_VISITS_PT_STF	Visits by staff or type: physical therapist
DZ	3.75.1	slc037501	HHA_VISITS_PHYSN_STF	Visits by staff or type: physician
EA	3.76.1	slc037601	HHA_VISITS_SN_STF	Visits by staff or type: skilled nursing
EB	3.77.1	slc037701	HHA_VISITS_SW_STF	Visits by staff or type: social worker
EC	3.78.1	slc037801	HHA_VISITS_SPEECH_PATH_AUD_STF	Visits by staff or type: speech pathologist
ED	3.79.1	slc037901	HHA_VISITS_SPIRITL_PSTR_L_STF	Visits by staff or type: spiritual
EE	3.84.1	slc038401	HHA_VISITS_OTHER_STF	Visits by staff or type: Other
EF	3.85.1	slc038501	HHA_VISITS_STF_TOTL	Visits by ALL staff, TOTAL
EG	3.91.1	slc039101	HHA_VISITS_MCARE_PAYER	Visits by primary source of payment: Medicare
EH	3.92.1	slc039201	HHA_VISITS_MCAL_PAYER	Visits by primary source of payment: Medi-cal
EI	3.93.1	slc039301	HHA_VISITS_TRICARE_CHAMP_PAYER	Visits by primary source of payment: Tricare
EJ	3.94.1	slc039401	HHA_VISITS_OTHR_3RD_PARTY_PAYER	Visits by primary source of payment: Other Third Party
EK	3.95.1	slc039501	HHA_VISITS_PRIVATE_PAYER	Visits by primary source of payment: Private
EL	3.96.1	slc039601	HHA_VISITS_HMO_PPO_PAYER	Visits by primary source of payment: HMO, PPO
EM	3.97.1	slc039701	HHA_VISITS_NO_REIMB_PAYER	Visits by primary source of payment: No Reimbursement
EN	3.99.1	slc039901	HHA_VISITS_OTHR_MSSP_PAYER	Visits by primary source of payment: Other Source of Payment
EO	3.100.1	slc0310001	HHA_VISITS_PAYER_TOTL	Visits by ALL primary sources of payment, TOTAL
EP	4.1.1	slc040101	HHA_DX_INFECT_PARASITIC_NO_HIV_PAT	Diagnosis, 001.0-041.9, 045.0-139.8 ICD-9-CM codes, Patients with: infectious parasitic disease
EQ	4.1.2	slc040102	HHA_DX_INFECT_PARASITIC_NO_HIV_VISI	Diagnosis, 001.0-041.9, 045.0-139.8 ICD-9-CM codes, Visits for: infectious parasitic disease
ER	4.2.1	slc040201	HHA_DX_INFECTIONS_HIV_PATIENTS	Diagnosis, 042 ICD-9-CM code, Patients with: HIV infections
ES	4.2.2	slc040202	HHA_DX_INFECTIONS_HIV_VISITS	Diagnosis, 042 ICD-9-CM code, Visits for: HIV infections
ET	4.3.1	slc040301	HHA_DX_NEOPLASMS_MALIGN_LUNG_PAT	Diagnosis, 162.0-162.9, 197.0, 231.2 ICD-9-CM codes, Patients with: malignant neoplasms, lung
EU	4.3.2	slc040302	HHA_DX_NEOPLASMS_MALIGN_LUNG_VISI	Diagnosis, 162.0-162.9, 197.0, 231.2 ICD-9-CM codes, Visits for: malignant neoplasms, lung
EV	4.4.1	slc040401	HHA_DX_NEOPLASMS_MALIGN_BREAST_P	Diagnosis, 174.1-174.9, 175.0-175.9, 198.2, 198.81, 233.0 ICD-9-CM codes, Patients with: malignant neoplasms, breast
EW	4.4.2	slc040402	HHA_DX_NEOPLASMS_MALIGN_BREAST_V	Diagnosis, 174.1-174.9, 175.0-175.9, 198.2, 198.81, 233.0 ICD-9-CM codes, Visits for: malignant neoplasms, breast
EX	4.5.1	slc040501	HHA_DX_NEOPLASMS_MALIGN_INTESTINE	Diagnosis, 152.0-154.8, 159.0, 197.4, 197.5, 197.8, 198.89, 230.3, 230.4, 230.7 ICD-9-CM codes, Patients with: malignant neoplasms, intestines
EY	4.5.2	slc040502	HHA_DX_NEOPLASMS_MALIGN_INTESTINE	230.3, 230.4, 230.7 ICD-9-CM codes, Visits for: malignant neoplasms, intestines
EZ	4.6.1	slc040601	HHA_DX_NEOPLASMS_MALIGN_OTHR_PAT	Diagnosis, 140.0-208.91, 230.0-234.9 ICD-9-CM codes, Patients with: malignant neoplasms, other
FA	4.6.2	slc040602	HHA_DX_NEOPLASMS_MALIGN_OTHR_VISI	Diagnosis, 140.0-208.91, 230.0-234.9 ICD-9-CM codes, Visits for: malignant neoplasms, other

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	Header Row Field Names			
Worksheet Column	Report Form		English Abbreviation	Description
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	Short Version with periods and without alpha	Long Version with alpha and without periods		
FB	4.7.1	slc040701	HHA_DX_NEOPLASMS_NONMALIGN_OTHR	Diagnosis, 210.0-229.9, 235.0-238.9, 239.0-239.9 ICD-9-CM codes, Patients with: nonmalignant neoplasms, other
FC	4.7.2	slc040702	HHA_DX_NEOPLASMS_NONMALIGN_OTHR	Diagnosis, 210.0-229.9, 235.0-238.9, 239.0-239.9 ICD-9-CM codes, Visits for: nonmalignant neoplasms, other
FD	4.8.1	slc040801	HHA_DX_DIABETES_MELLITUS_PATIENTS	Diagnosis, 250.00-250.93 ICD-9-CM codes, Patients with: diabetes mellitus
FE	4.8.2	slc040802	HHA_DX_DIABETES_MELLITUS_VISITS	Diagnosis, 250.00-250.93 ICD-9-CM codes, Visits for: diabetes mellitus
FF	4.9.1	slc040901	HHA_DX_ENDO_METAB_NUTRI_PATIENTS	Diagnosis, 240.0-246.9, 251.0-279.9 ICD-9-CM codes, Patients with: endocrine metabolic nutritional diseases
FG	4.9.2	slc040902	HHA_DX_ENDO_METAB_NUTRI_VISITS	Diagnosis, 240.0-246.9, 251.0-279.9 ICD-9-CM codes, Visits for: endocrine metabolic nutritional diseases
FH	4.10.1	slc041001	HHA_DX_BLOOD_DISEASES_PATIENTS	Diagnosis, 280.0-289.9 ICD-9-CM codes, Patients with: diseases
FI	4.10.2	slc041002	HHA_DX_BLOOD_DISEASES_VISITS	Diagnosis, 280.0-289.9 ICD-9-CM codes, Visits for: diseases of b
FJ	4.11.1	slc041101	HHA_DX_MENTAL_DISORDER_PATIENTS	Diagnosis, 290.0-319 ICD-9-CM codes, Patients with: mental disc
FK	4.11.2	slc041102	HHA_DX_MENTAL_DISORDER_VISITS	Diagnosis, 290.0-319 ICD-9-CM codes, Visits for: mental disorder
FL	4.12.1	slc041201	HHA_DX_ALZHEIMERS_PATIENTS	Diagnosis, 331.0 ICD-9-CM code, Patients with: Alzheimers disea
FM	4.12.2	slc041202	HHA_DX_ALZHEIMERS_VISITS	Diagnosis, 331.0 ICD-9-CM code, Visits for: Alzheimers disease
FN	4.13.1	slc041301	HHA_DX_NERV_SYS_SENSE_ORGANS_PA	Diagnosis, 320.0-330.9, 331.1-389.9 ICD-9-CM codes, Patients with: nervous system sense organs
FO	4.13.2	slc041302	HHA_DX_NERV_SYS_SENSE_ORGANS_VIS	Diagnosis, 320.0-330.9, 331.1-389.9 ICD-9-CM codes, Visits for: nervous system sense organs
FP	4.14.1	slc041401	HHA_DX_CARDIOVASCUL_SYS_PATIENTS	Diagnosis, 391.0-392.0, 393-402.91,404.00-429.9 ICD-9-CM codes, Patients with: cardiovascular system
FQ	4.14.2	slc041402	HHA_DX_CARDIOVASCUL_SYS_VISITS	Diagnosis, 391.0-392.0, 393-402.91,404.00-429.9 ICD-9-CM codes, Visits for: cardiovascular system
FR	4.15.1	slc041501	HHA_DX_CEREBROVASCUL_SYS_PATIENT	Diagnosis, 430-438.9 ICD-9-CM codes, Patients with: cerebrovas
FS	4.15.2	slc041502	HHA_DX_CEREBROVASCUL_SYS_VISITS	Diagnosis, 430-438.9 ICD-9-CM codes, Visits for: cerebrovascula
FT	4.16.1	slc041601	HHA_DX_CIRCULATORY_SYS_ALL_OTHR_P	Diagnosis, 390, 392.9, 403.00-403.91, 440.0-459.9 ICD-9-CM codes, Patients with: all other circulatory system
FU	4.16.2	slc041602	HHA_DX_CIRCULATORY_SYS_ALL_OTHR_V	Diagnosis, 390, 392.9, 403.00-403.91, 440.0-459.9 ICD-9-CM codes, Visits for: all other circulatory system
FV	4.17.1	slc041701	HHA_DX_RESPIRATORY_SYS_PATIENTS	Diagnosis, 460-519.9 ICD-9-CM codes, Patients with: respiratory
FW	4.17.2	slc041702	HHA_DX_RESPIRATORY_SYS_VISITS	Diagnosis, 460-519.9 ICD-9-CM codes, Visits for: respiratory syst
FX	4.18.1	slc041801	HHA_DX_DIGESTIVE_SYS_PATIENTS	Diagnosis, 520.0-579.9 ICD-9-CM codes, Patients with: digestive
FY	4.18.2	slc041802	HHA_DX_DIGESTIVE_SYS_VISITS	Diagnosis, 520.0-579.9 ICD-9-CM codes, Visits for: digestive syst
FZ	4.19.1	slc041901	HHA_DX_GENITOURIN_SYS_PATIENTS	Diagnosis, 580.0-608.9, 614.0-629.9 ICD-9-CM codes, Patients with: genitourinary system
GA	4.19.2	slc041902	HHA_DX_GENITOURIN_SYS_VISITS	Diagnosis, 580.0-608.9, 614.0-629.9 ICD-9-CM codes, Visits for: genitourinary system
GB	4.20.1	slc042001	HHA_DX_BREAST_PATIENTS	Diagnosis, 610.0-611.9 ICD-9-CM codes, Patients with: involved b
GC	4.20.2	slc042002	HHA_DX_BREAST_VISITS	Diagnosis, 610.0-611.9 ICD-9-CM codes, Visits for: involved brea
GD	4.21.1	slc042101	HHA_DX_PREGN_COMPLIC_PATIENTS	Diagnosis, 630-677 ICD-9-CM codes, Patients with: complications
GE	4.21.2	slc042102	HHA_DX_PREGN_COMPLIC_VISITS	Diagnosis, 630-677 ICD-9-CM codes, Visits for: complications, pr
GF	4.22.1	slc042201	HHA_DX_SKIN_SUBCUTAN_PATIENTS	Diagnosis, 680.0-709.9 ICD-9-CM codes, Patients with: skin subc
GG	4.22.2	slc042202	HHA_DX_SKIN_SUBCUTAN_VISITS	Diagnosis, 680.0-709.9 ICD-9-CM codes, Visits for: skin subcutar

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GH	4.23.1	slc042301	HHA_DX_MUSCULOSKEL_SYS_PATIENTS	Diagnosis, 710.00-739.9 ICD-9-CM codes, Patients with: musculoskeletal
GI	4.23.2	slc042302	HHA_DX_MUSCULOSKEL_SYS_VISITS	Diagnosis, 710.00-739.9 ICD-9-CM codes, Visits for: musculoskeletal
GJ	4.24.1	slc042401	HHA_DX_CONGENITAL_ABNORM_PATIENTS	Diagnosis, 740.0-779.9 ICD-9-CM codes, Patients with: congenital anomalies
GK	4.24.2	slc042402	HHA_DX_CONGENITAL_ABNORM_VISITS	Diagnosis, 740.0-779.9 ICD-9-CM codes, Visits for: congenital anomalies
GL	4.25.1	slc042501	HHA_DX_SIGNS_SYMPTOMS_PATIENTS	Diagnosis, 780.01-795.6, 795.77, 796.0-799.9 ICD-9-CM codes, Patients with: symptoms, signs
GM	4.25.2	slc042502	HHA_DX_SIGNS_SYMPTOMS_VISITS	Diagnosis, 780.01-795.6, 795.77, 796.0-799.9 ICD-9-CM codes, Visits for: symptoms, signs
GN	4.26.1	slc042601	HHA_DX_FRACTURES_PATIENTS	Diagnosis, 800.00-829.1 ICD-9-CM codes, Patients with: fractures
GO	4.26.2	slc042602	HHA_DX_FRACTURES_VISITS	Diagnosis, 800.00-829.1 ICD-9-CM codes, Visits for: fractures
GP	4.27.1	slc042701	HHA_DX_INJURIES_ALL_OTHR_PATIENTS	Diagnosis, 830.0-959.9 ICD-9-CM codes, Patients with: ALL other injuries
GQ	4.27.2	slc042702	HHA_DX_INJURIES_ALL_OTHR_VISITS	Diagnosis, 830.0-959.9 ICD-9-CM codes, Visits for: ALL other injuries
GR	4.28.1	slc042801	HHA_DX_POISONING_PATIENTS	Diagnosis, 960.0-995.94 ICD-9-CM codes, Patients with: poisoning
GS	4.28.2	slc042802	HHA_DX_POISONING_VISITS	Diagnosis, 960.0-995.94 ICD-9-CM codes, Visits for: poisoning
GT	4.29.1	slc042901	HHA_DX_MED_SURG_COMPLIC_PATIENTS	Diagnosis, 996.00-999.9 ICD-9-CM codes, Patients with: complications of surgical medical care
GU	4.29.2	slc042902	HHA_DX_MED_SURG_COMPLIC_VISITS	Diagnosis, 996.00-999.9 ICD-9-CM codes, Visits for: complications of surgical medical care
GV	4.30.1	slc043001	HHA_DX_REPRODUCTION_PATIENTS	Diagnosis, V20.0-V26.9, V28.0-V29.9 ICD-9-CM codes, Patients: reproduction and development
GW	4.30.2	slc043002	HHA_DX_REPRODUCTION_VISITS	Diagnosis, V20.0-V26.9, V28.0-V29.9 ICD-9-CM codes, Visits: reproduction and development
GX	4.31.1	slc043101	HHA_DX_BIRTH_OUTSIDE_HOSP_PATIENTS	V33.2, V34.1, V34.2, V35.1, V35.2, V36.1, V36.2, V37.1, V37.2, V39.1, V39.2 ICD-9-CM codes, Patients: involving born outside hospital
GY	4.31.2	slc043102	HHA_DX_BIRTH_OUTSIDE_HOSP_VISITS	V33.2, V34.1, V34.2, V35.1, V35.2, V36.1, V36.2, V37.1, V37.2, V39.1, V39.2 ICD-9-CM codes, Visits: involving born outside hospital
GZ	4.32.1	slc043201	HHA_DX_COMMUN_DIS_HAZARDS_PATIENTS	Diagnosis, V01.0-V19.8, V40.0-V49.9 ICD-9-CM codes, Patients with: hazards related to communicable diseases
HA	4.32.2	slc043202	HHA_DX_COMMUN_DIS_HAZARDS_VISITS	Diagnosis, V01.0-V19.8, V40.0-V49.9 ICD-9-CM codes, Visits for: hazards related to communicable diseases
HB	4.33.1	slc043301	HHA_DX_HLTH_SVCS_OTHR_PATIENTS	Diagnosis, V50.0-V58.9 ICD-9-CM codes, Patients with: other health services
HC	4.33.2	slc043302	HHA_DX_HLTH_SVCS_OTHR_VISITS	Diagnosis, V50.0-V58.9 ICD-9-CM codes, Visits for: other health services
HD	4.34.1	slc043401	HHA_DX_EVAL_ASSESS_PATIENTS	Diagnosis, V60.0-V83.89 ICD-9-CM codes, Patients with: evaluation and assessment
HE	4.34.2	slc043402	HHA_DX_EVAL_ASSESS_VISITS	Diagnosis, V60.0-V83.89 ICD-9-CM codes, Visits for: evaluation and assessment
HF	4.45.1	slc044501	HHA_DX_ALL_PATIENTS_TOTL	Diagnosis, Patients, TOTAL based on Diagnoses ICD-9-CM codes
HH	4.45.2	slc044502	HHA_DX_ALL_VISITS_TOTL	Diagnosis, Visits, TOTAL based on Diagnoses ICD-9-CM codes
HH	4.51.1	slc045101	HHA_DX_HIV_SECOND_PRIM_PATIENTS	Diagnosis, 042 ICD-9-CM code, Patients with: HIV primary and secondary
HI	4.51.2	slc045102	HHA_DX_HIV_SECOND_PRIM_VISITS	Diagnosis, 042 ICD-9-CM code, Visits for: HIV primary and secondary
HJ	4.52.1	slc045201	HHA_DX_ALZHMZ_SECOND_PRIM_PATIENTS	Diagnosis, 331.0 ICD-9-CM code, Patients with: Alzheimers primary and secondary
HK	4.52.2	slc045202	HHA_DX_ALZHMZ_SECOND_PRIM_VISITS	Diagnosis, 331.0 ICD-9-CM code, Visits for: Alzheimers primary and secondary

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Worksheet Column	Header Row Field Names			Description
	Report Form Section-Line-Column Coordinates		English Abbreviation	
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A	1.2.1	slc010201	OSHPD_ID	OSHPD Identification Number
B	1.1.1	slc010101	FAC_NAME	Facility Name
C	5.1.1.	slc050101	HOSPC_TYPE_CNTRL	Type of control for licensee, selection 9 types, Hospice
D	5.5.1.	slc050201	HOSPC_CERT_SELECT	Certification, selection, Hospice
E	5.10.1	slc050202	HOSPC_ACCRED_HOSPICE_HLTH_ACHC	Accreditation by ACHC (see documentation)
F	5.11.1	slc050203	HOSPC_ACCRED_HOSPICE_HLTH_CHAP	Accreditation by CHAP (see documentation)
G	5.12.1	slc051201	HOSPC_ACCRED_HOSPICE_HLTH_JCAHO	Accreditation by JCAHO (see documentation)
H	5.13.1	slc051301	HOSPC_ACCRED_HOSPICE_HLTH_OTHR	Accreditation, other (see documentation)
I	5.20.1	slc052001	HOSPC_HOSPICE_AGENCY_TYPE	Agency type, selection 6 types, Hospice
J	5.25.1	slc052501	HOSPC_LOCATION_SVCS_DELIVERY	Location of service delivery, selection 3 types, Hospice
K	6.1.1	slc060101	HOSPC_SURVIVORS_HOSPICE_PATIENTS	Services Hospice, for survivors of patients
L	6.2.1	slc060201	HOSPC_SURVIVORS_NONHOSPICE_PATIENTS	Services Hospice, for survivors of patients not receiving care
M	6.3.1	slc060301	HOSPC_VOLUN_PATIENT_FAM_SVCS	Services Hospice, volunteers in patient/family Services Hospice
N	6.3.2	slc060302	HOSPC_VOLUN_HOURS_PATIENT_FAM_SVCS	Services Hospice, volunteer hours in patient/family Services Hospice
O	6.4.1	slc060401	HOSPC_VOLUN_BEREAVE_SVCS	Services Hospice, volunteers in bereavement Services Hospice
P	6.4.2	slc060402	HOSPC_VOLUN_HOURS_BEREAVE_SVCS	Services Hospice, volunteer hours in bereavement Services Hospice
Q	6.5.1	slc060501	HOSPC_VOLUN_ADMIN_SVCS	Services Hospice, volunteers in administrative Services Hospice
R	6.5.2	slc060502	HOSPC_VOLUN_HOURS_ADMIN	Services Hospice, volunteer hours in administrative Services Hospice
S	6.5.3	slc060503	HOSPC_VOLUN_HOURS_ADMIN_MCAR_TOTL	Services Hospice, volunteer Medicare Reportable hours in administrative Services Hospice
T	6.6.1	slc060601	HOSPC_VOLUN_FUNDRAISE_SVCS	Services Hospice, volunteers in fundraising Services Hospice
U	6.6.2	slc060602	HOSPC_VOLUN_HOURS_FUNDRAISE_SVCS	Services Hospice, volunteer hours in fundraising Services Hospice
V	6.9.1	slc060901	HOSPC_VOLUN_OTHR_SVCS	Services Hospice, volunteers in Other Services Hospice
W	6.9.2	slc060902	HOSPC_VOLUN_HOURS_OTHR_SVCS	Services Hospice, volunteer hours in Other Services Hospice
X	6.10.1	slc061001	HOSPC_VOLUN_TOTL	Services Hospice, volunteers of All Services Hospice, TOTAL, Hospice
Y	6.10.2	slc061002	HOSPC_VOLUN_HOURS_TOTL	Services Hospice, volunteer hours of All Services Hospice, TOTAL, Hospice
Z	6.11.1	slc061101	HOSPC_DESIGNAT_UNIT_SVCS	Services Hospice, specialized: designated inpatient facility/unit
AA	6.12.1	slc061201	HOSPC_PED_PROG_SPC_SVCS	Services Hospice, specialized or additional: pediatric program
AB	6.13.1	slc061301	HOSPC_BEREAVE_NONHOSPICE_SURVIVORS	Services Hospice, specialized or additional: bereavement to survivors of persons not in hospice care
AC	6.14.1	slc061401	HOSPC_DAY_CARE_ADULT_SVCS	Services Hospice, specialized or additional: adult day care
AD	6.15.1	slc061501	HOSPC_PALLIATIVE_PROG_SPC_CARE	Services Hospice, specialized or additional: pAlliative care program
AE	6.16.1	slc061601	HOSPC_SVCS_OTHR	Services Hospice, specialized or additional: Other
AF	6.21.1	slc062101	HOSPC_VISITS_RN_STF	Visits Hospice, by staff, nursing - RN
AG	6.22.1	slc062201	HOSPC_VISITS_LVN_STF	Visits Hospice, by staff, nursing - LVN
AH	6.23.1	slc062301	HOSPC_VISITS_SOC_SVCS_STF	Visits Hospice, by staff, social services
AI	6.24.1	slc062401	HOSPC_VISITS_PHYSN_STF	Visits Hospice, by staff, physician services
AJ	6.25.1	slc062501	HOSPC_VISITS_HOMEMKR_STF	Visits Hospice, by staff, homemaker, home health aide
AK	6.26.1	slc062601	HOSPC_VISITS_CHAPLAIN_STF	Visits Hospice, by staff, chaplain
AL	6.29.1	slc062901	HOSPC_VISITS_OTHR_CLIN_SVCS_STF	Visits Hospice, by staff, other clinical services
AM	6.30.1	slc063001	HOSPC_VISITS_STF_TOTL	Visits Hospice, by staff, TOTAL
AN	7.1.1	slc070101	HOSPC_PATIENTS_UNDUPL_M_0TO01	Patients Hospice, male, unduplicated (pt. counted only once), 0 to 01 years
AO	7.1.2	slc070102	HOSPC_PATIENTS_UNDUPL_F_0TO01	Patients Hospice, female, unduplicated (pt. counted only once), 0 to 01 years
AP	7.1.3	slc070103	HOSPC_PATIENTS_UNDUPL_UNK_GNDR_0TO01	Patients Hospice, gender unknown, unduplicated (pt. counted only once),0 to 01 years
AQ	7.1.4	slc070104	HOSPC_PATIENTS_UNDUPL_0TO01_TOTL	Patients Hospice, unduplicated (pt. counted only once), 0 to 01 years
AR	7.2.1	slc070201	HOSPC_PATIENTS_UNDUPL_M_2TO5	Patients Hospice, male, unduplicated (pt. counted only once), 02 to 05 years
AS	7.2.2	slc070202	HOSPC_PATIENTS_UNDUPL_F_2TO5	Patients Hospice, female, unduplicated (pt. counted only once), 02 to 05 years
AT	7.2.3	slc070203	HOSPC_PATIENTS_UNDUPL_UNK_GNDR_2TO5	Patients Hospice, gender unknown, unduplicated (pt. counted only once), 02 to 05 years
AU	7.2.4	slc070204	HOSPC_PATIENTS_UNDUPL_2TO5_TOTL	Patients Hospice, unduplicated (pt. counted only once), 02 to 05 years
AV	7.3.1	slc070301	HOSPC_PATIENTS_UNDUPL_M_6TO10	Patients Hospice, male, unduplicated (pt. counted only once). 06 to 10 years

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	Report Form Section-Line-Column Coordinates			
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AW	7.3.2	slc070302	HOSPC PATIENTS_UNDUPL_F_6TO10	Patients Hospice, female, unduplicated (pt. counted only once), 06 to 10 years
AX	7.3.3	slc070303	HOSPC PATIENTS_UNDUPL_UNK_GNDR_6TO10	Patients Hospice, gender unknown, unduplicated (pt. counted only once), 06 to 10 years
AY	7.3.4	slc070304	HOSPC PATIENTS_UNDUPL_6TO10_TOTL	Patients Hospice, unduplicated (pt. counted only once), 06 to 10 years
AZ	7.4.1	slc070401	HOSPC PATIENTS_UNDUPL_M_11TO20	Patients Hospice, male, unduplicated (pt. counted only once), 11 to 20 years
BA	7.4.2	slc070402	HOSPC PATIENTS_UNDUPL_F_11TO20	Patients Hospice, female, unduplicated (pt. counted only once), 11 to 20 years
BB	7.4.3	slc070403	HOSPC PATIENTS_UNDUPL_UNK_GNDR_11TO20	Patients Hospice, gender unknown, unduplicated (pt. counted only once), 11 to 20 years
BC	7.4.4	slc070404	HOSPC PATIENTS_UNDUPL_11TO20_TOTL	Patients Hospice, unduplicated (pt. counted only once), 11 to 20 years
BD	7.5.1	slc070501	HOSPC PATIENTS_UNDUPL_M_21TO30	Patients Hospice, male, unduplicated (pt. counted only once), 21 to 30 years
BE	7.5.2	slc070502	HOSPC PATIENTS_UNDUPL_F_21TO30	Patients Hospice, female, unduplicated (pt. counted only once), 21 to 30 years
BF	7.5.3	slc070503	HOSPC PATIENTS_UNDUPL_UNK_GNDR_21TO30	Patients Hospice, gender unknown, unduplicated (pt. counted only once), 21 to 30 years
BG	7.5.4	slc070504	HOSPC PATIENTS_UNDUPL_21TO30_TOTL	Patients Hospice, unduplicated (pt. counted only once), 21 to 30 years
BH	7.6.1	slc070601	HOSPC PATIENTS_UNDUPL_M_31TO40	Patients Hospice, male, unduplicated (pt. counted only once), 31 to 40 years
BI	7.6.2	slc070602	HOSPC PATIENTS_UNDUPL_F_31TO40	Patients Hospice, female, unduplicated (pt. counted only once), 31 to 40 years
BJ	7.6.3	slc070603	HOSPC PATIENTS_UNDUPL_UNK_GNDR_31TO40	Patients Hospice, gender unknown, unduplicated (pt. counted only once), 31 to 40 years
BK	7.6.4	slc070604	HOSPC PATIENTS_UNDUPL_31TO40_TOTL	Patients Hospice, unduplicated (pt. counted only once), 31 to 40 years
BL	7.7.1	slc070701	HOSPC PATIENTS_UNDUPL_M_41TO50	Patients Hospice, male, unduplicated (pt. counted only once), 41 to 50 years
BM	7.7.2	slc070702	HOSPC PATIENTS_UNDUPL_F_41TO50	Patients Hospice, female, unduplicated (pt. counted only once), 41 to 50 years
BN	7.7.3	slc070703	HOSPC PATIENTS_UNDUPL_UNK_GNDR_41TO50	Patients Hospice, gender unknown, unduplicated (pt. counted only once), 41 to 50 years
BO	7.7.4	slc070704	HOSPC PATIENTS_UNDUPL_41TO50_TOTL	Patients Hospice, unduplicated (pt. counted only once), 41 to 50 years
BP	7.8.1	slc070801	HOSPC PATIENTS_UNDUPL_M_51TO60	Patients Hospice, male, unduplicated (pt. counted only once), 51 to 60 years
BQ	7.8.2	slc070802	HOSPC PATIENTS_UNDUPL_F_51TO60	Patients Hospice, female, unduplicated (pt. counted only once), 51 to 60 years
BR	7.8.3	slc070803	HOSPC PATIENTS_UNDUPL_UNK_GNDR_51TO60	Patients Hospice, gender unknown, unduplicated (pt. counted only once), 51 to 60 years
BS	7.8.4	slc070804	HOSPC PATIENTS_UNDUPL_51TO60_TOTL	Patients Hospice, unduplicated (pt. counted only once), 51 to 60 years
BT	7.9.1	slc070901	HOSPC PATIENTS_UNDUPL_M_61TO70	Patients Hospice, male, unduplicated (pt. counted only once), 61 to 70 years
BU	7.9.2	slc070902	HOSPC PATIENTS_UNDUPL_F_61TO70	Patients Hospice, female, unduplicated (pt. counted only once), 61 to 70 years
BV	7.9.3	slc070903	HOSPC PATIENTS_UNDUPL_UNK_GNDR_61TO70	Patients Hospice, gender unknown, unduplicated (pt. counted only once), 61 to 70 years
BW	7.9.4	slc070904	HOSPC PATIENTS_UNDUPL_61TO70_TOTL	Patients Hospice, unduplicated (pt. counted only once), 61 to 70 years
BX	7.10.1	slc071001	HOSPC PATIENTS_UNDUPL_M_71TO80	Patients Hospice, male, unduplicated (pt. counted only once), 71 to 80 years
BY	7.10.2	slc071002	HOSPC PATIENTS_UNDUPL_F_71TO80	Patients Hospice, female, unduplicated (pt. counted only once), 71 to 80 years
BZ	7.10.3	slc071003	HOSPC PATIENTS_UNDUPL_UNK_GNDR_71TO80	Patients Hospice, gender unknown, unduplicated (pt. counted only once), 71 to 80 years
CA	7.10.4	slc071004	HOSPC PATIENTS_UNDUPL_71TO80_TOTL	Patients Hospice, unduplicated (pt. counted only once), 71 to 80 years
CB	7.11.1	slc071101	HOSPC PATIENTS_UNDUPL_M_81TO90	Patients Hospice, male, unduplicated (pt. counted only once), 81 to 90 years
CC	7.11.2	slc071102	HOSPC PATIENTS_UNDUPL_F_81TO90	Patients Hospice, female, unduplicated (pt. counted only once), 81 to 90 years
CD	7.11.3	slc071103	HOSPC PATIENTS_UNDUPL_UNK_GNDR_81TO90	Patients Hospice, gender unknown, unduplicated (pt. counted only once), 81 to 90 years
CE	7.11.4	slc071104	HOSPC PATIENTS_UNDUPL_81TO90_TOTL	Patients Hospice, unduplicated (pt. counted only once), 81 to 90 years
CF	7.12.1	slc071201	HOSPC PATIENTS_UNDUPL_M_>=91	Patients Hospice, male, unduplicated (pt. counted only once), 91 years and older
CG	7.12.2	slc071202	HOSPC PATIENTS_UNDUPL_F_>=91	Patients Hospice, female, unduplicated (pt. counted only once), 91 years and older
CH	7.12.3	slc071203	HOSPC PATIENTS_UNDUPL_UNK_GNDR_>=91	Patients Hospice, gender unknown, unduplicated (pt. counted only once), 91 years and older
CI	7.12.4	slc071204	HOSPC PATIENTS_UNDUPL_>=91_TOTL	Patients Hospice, unduplicated (pt. counted only once), 91 years and older
CJ	7.15.1	slc071501	HOSPC PATIENTS_UNDUPL_M	Patients Hospice, male, unduplicated (pt. counted only once), All, TOTAL
CK	7.15.2	slc071502	HOSPC PATIENTS_UNDUPL_F	Patients Hospice, female, unduplicated (pt. counted only once), All, TOTAL
CL	7.15.3	slc071503	HOSPC PATIENTS_UNDUPL_UNK_GNDR	Patients Hospice, gender unknown, unduplicated (pt. counted only once), All, TOTAL
CM	7.15.4	slc071504	HOSPC PATIENTS_UNDUPL_TOTL	Patients Hospice, unduplicated (pt. counted only once), All, TOTAL
CN	7.21.1	slc072101	HOSPC WHI PATIENTS_UNDUPL_M	Patients Hospice, White, male, unduplicated (pt. counted only once)
CO	7.21.2	slc072102	HOSPC WHI PATIENTS_UNDUPL_F	Patients Hospice, White, female, unduplicated (pt. counted only once)
CP	7.21.3	slc072103	HOSPC WHI PATIENTS_UNDUPL_UNK_GNDR	Patients Hospice, White, gender unknown, unduplicated (pt. counted only once)
CQ	7.21.4	slc072104	HOSPC WHI PATIENTS_UNDUPL_TOTL	Patients Hospice, White, unduplicated (pt. counted only once), TOTAL
CR	7.22.1	slc072201	HOSPC BLK PATIENTS_UNDUPL_M	Patients Hospice, Black, male, unduplicated (pt. counted only once)
CS	7.22.2	slc072202	HOSPC BLK PATIENTS_UNDUPL_F	Patients Hospice, Black, female, unduplicated (pt. counted only once)
CT	7.22.3	slc072203	HOSPC BLK PATIENTS_UNDUPL_UNK_GNDR	Patients Hospice, Black, gender unknown, unduplicated (pt. counted only once)

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	Header Row Field Names			
Worksheet Column	Report Form		English Abbreviation	Description
	Section-Line-Column Coordinates			
	Short Version with periods and without alpha	Long Version with alpha and without periods		
CU	7.22.4	slc072204	HOSPC_BLK_PATIENTS_UNDUPL_TOTL	Patients Hospice, Black, unduplicated (pt. counted only once), TOTAL
CV	7.23.1	slc072301	HOSPC_NAM_PATIENTS_UNDUPL_M	Patients Hospice, Native American, male, unduplicated (pt. counted only once)
CW	7.23.2	slc072302	HOSPC_NAM_PATIENTS_UNDUPL_F	Patients Hospice, Native American, female, unduplicated (pt. counted only once)
CX	7.23.3	slc072303	HOSPC_NAM_PATIENTS_UNDUPL_UNK_GNDR	Patients Hospice, Native American, gender unknown, unduplicated (pt. counted only once)
CY	7.23.4	slc072304	HOSPC_NAM_PATIENTS_UNDUPL_TOTL	Patients Hospice, Native American, unduplicated (pt. counted only once), TOTAL
CZ	7.24.1	slc072401	HOSPC_ASI_PAI_PATIENTS_UNDUPL_M	Patients Hospice, Asian-Pacific Islander, male, unduplicated (pt. counted only once)
DA	7.24.2	slc072402	HOSPC_ASI_PAI_PATIENTS_UNDUPL_F	Patients Hospice, Asian-Pacific Islander, female, unduplicated (pt. counted only once)
DB	7.24.3	slc072403	HOSPC_ASI_PAI_PATIENTS_UNDUPL_UNK_GND	Patients Hospice, Asian-Pacific Islander, gender unknown, unduplicated (pt. counted only once)
DC	7.24.4	slc072404	HOSPC_ASI_PAI_PATIENTS_UNDUPL_TOTL	Patients Hospice, Asian-Pacific Islander, unduplicated (pt. counted only once), TOTAL
DD	7.25.1	slc072501	HOSPC_UNK_RACE_PATIENTS_UNDUPL_M	Patients Hospice, Unknown Race, male, unduplicated (pt. counted only once)
DE	7.25.2	slc072502	HOSPC_UNK_RACE_PATIENTS_UNDUPL_F	Patients Hospice, Unknown Race, female, unduplicated (pt. counted only once)
DF	7.25.3	slc072503	HOSPC_UNK_RACE_PATIENTS_UNDUPL_UNK_G	Patients Hospice, Unknown Race, gender unknown, unduplicated (pt. counted only once)
DG	7.25.4	slc072504	HOSPC_UNK_RACE_PATIENTS_UNDUPL_TOTL	Patients Hospice, Unknown Race, unduplicated (pt. counted only once), TOTAL
DH	7.30.1	slc073001	HOSPC_PATIENTS_UNDUPL_M_TOTL	Patients Hospice, TOTAL, male, unduplicated (pt. counted only once)
DI	7.30.2	slc073002	HOSPC_PATIENTS_UNDUPL_F_TOTL	Patients Hospice, TOTAL, female, unduplicated (pt. counted only once)
DJ	7.30.3	slc073003	HOSPC_PATIENTS_UNDUPL_UNK_TOTL	Patients Hospice, TOTAL, gender unknown, unduplicated (pt. counted only once)
DK	7.30.4	slc073004	HOSPC_PATIENTS_UNDUPL_TOTL	Patients Hospice, TOTAL, unduplicated (pt. counted only once)
DL	7.31.1	slc073101	HOSPC_HIS_PATIENTS_UNDUPL_M	Patients Hospice, Hispanic, male, unduplicated (pt. counted only once)
DM	7.31.2	slc073102	HOSPC_HIS_PATIENTS_UNDUPL_F	Patients Hospice, Hispanic, female, unduplicated (pt. counted only once)
DN	7.31.3	slc073103	HOSPC_HIS_PATIENTS_UNDUPL_UNK_GNDR	Patients Hospice, Hispanic, gender unknown, unduplicated (pt. counted only once)
DO	7.31.4	slc073104	HOSPC_HIS_PATIENTS_UNDUPL_TOTL	Patients Hospice, Hispanic, unduplicated (pt. counted only once)
DP	7.32.1	slc073201	HOSPC_NONHIS_PATIENTS_UNDUPL_M	Patients Hospice, Non-Hispanic, male, unduplicated (pt. counted only once)
DQ	7.32.2	slc073202	HOSPC_NONHIS_PATIENTS_UNDUPL_F	Patients Hospice, Non-Hispanic, female, unduplicated (pt. counted only once)
DR	7.32.3	slc073203	HOSPC_NONHIS_PATIENTS_UNDUPL_UNK_GND	Patients Hospice, Non-Hispanic, gender unknown, unduplicated (pt. counted only once)
DS	7.32.4	slc073204	HOSPC_NONHIS_PATIENTS_UNDUPL_TOTL	Patients Hospice, Non-Hispanic, unduplicated (pt. counted only once)
DT	7.33.1	slc073301	HOSPC_UNK_ETHN_PATIENTS_UNDUPL_M	Patients Hospice, Unknown Ethnicity, male, unduplicated (pt. counted only once)
DU	7.33.2	slc073302	HOSPC_UNK_ETHN_PATIENTS_UNDUPL_F	Patients Hospice, Unknown Ethnicity, female, unduplicated (pt. counted only once)
DV	7.33.3	slc073303	HOSPC_UNK_ETHN_PATIENTS_UNDUPL_UNK_G	Patients Hospice, Unknown Ethnicity, gender unknown, unduplicated (pt. counted only once)
DW	7.33.4	slc073304	HOSPC_UNK_ETHN_PATIENTS_UNDUPL_TOTL	Patients Hospice, Unknown Ethnicity, unduplicated (pt. counted only once)
DX	7.35.1	slc073501	HOSPC_PATIENTS_UNDUPL_M	Patients Hospice, All, Male, unduplicated (pt. counted only once), TOTAL
DY	7.35.2	slc073502	HOSPC_PATIENTS_UNDUPL_F	Patients Hospice, All, female, unduplicated (pt. counted only once), TOTAL
DZ	7.35.3	slc073503	HOSPC_PATIENTS_UNDUPL_UNK_GNDR	Patients Hospice, All, ethnicity unknown, unduplicated (pt. counted only once), TOTAL
EA	7.35.4	slc073504	HOSPC_PATIENTS_UNDUPL_TOTL	Patients Hospice, All, unduplicated (pt. counted only once), TOTAL
EB	7.41.1	slc074101	HOSPC_ADM_REF_HHA	Admissions Hospice, after referral by home health agency
EC	7.42.1	slc074201	HOSPC_ADM_REF_HOSPITAL	Admissions Hospice, after referral by hospital
ED	7.43.1	slc074301	HOSPC_ADM_REF_LTC_FAC	Admissions Hospice, after referral by long-term care facility
EE	7.44.1	slc074401	HOSPC_ADM_REF_ANOTHER_HOSPICE	Admissions Hospice, after referral by another hospice
EF	7.45.1	slc074501	HOSPC_ADM_REF_PAYER_INS_HMO	Admissions Hospice, after referral by payer, insurance, HMO
EG	7.46.1	slc074601	HOSPC_ADM_REF_PHYSN	Admissions Hospice, after referral by physician
EH	7.47.1	slc074701	HOSPC_ADM_REF_RCFE_ARFCLHF	Admissions Hospice, after referral by RCFE, ARFCLHF (refer to Report survey)
EI	7.48.1	slc074801	HOSPC_ADM_REF_SELF_FAMILY_FRND	Admissions Hospice, after referral by family, friend, or self
EJ	7.49.1	slc074901	HOSPC_ADM_REF_AGENCY_SOC_SVC	Admissions Hospice, after referral by social service agency
EK	7.54.1	slc075401	HOSPC_ADM_REF_OTHR	Admissions Hospice, after referral by Other
EL	7.55.1	slc075501	HOSPC_ADM_REF_TOTL	Admissions Hospice, after referral by All, TOTAL
EM	7.61.1	slc076101	HOSPC_DIS_DEATH	Discharges Hospice, because of death
EN	7.62.1	slc076201	HOSPC_DIS_PATIENT_MOVED	Discharges Hospice, because patient moved
EO	7.63.1	slc076301	HOSPC_DIS_PATIENT_REFUSED_SVC	Discharges Hospice, because of patient refusing service
EP	7.64.1	slc076401	HOSPC_DIS_TRANSF_HOSPICE	Discharges Hospice, because of transfer to hospice
EQ	7.65.1	slc076501	HOSPC_DIS_EXTENDED_PX	Discharges Hospice, because of extended prognosis
ER	7.66.1	slc076601	HOSPC_DIS_CUR_TREATMENT	Discharges Hospice, because of patient desiring curative treatment

## HHA Hospice Documentation - Sections 5 through 7

Worksheet Column	Header Row Field Names		English Abbreviation	Description
	Report Form Section-Line-Column Coordinates			
	Short Version with periods and without alpha	Long Version with alpha and without periods		
ES	7.69.1	slc076901	HOSPC_DIS_OTHR	Discharges Hospice, because of Other
ET	7.70.1	slc077001	HOSPC_DIS_TOTL	Discharges Hospice, because of All, TOTAL
EU	7.71.1	slc077101	HOSPC_DIS_LENGTH_STAY_0TO5_DAYS	Patients, by length of stay after discharge from Hospice, 0 to 5 days
EV	7.72.1	slc077201	HOSPC_DIS_LENGTH_STAY_6TO10_DAYS	Patients, by length of stay after discharge from Hospice, 6 to 10 days
EW	7.73.1	slc077301	HOSPC_DIS_LENGTH_STAY_11TO15_DAYS	Patients, by length of stay after discharge from Hospice, 11 to 15 days
EX	7.74.1	slc077401	HOSPC_DIS_LENGTH_STAY_16TO20_DAYS	Patients, by length of stay after discharge from Hospice, 16 to 20 days
EY	7.75.1	slc077501	HOSPC_DIS_LENGTH_STAY_21TO30_DAYS	Patients, by length of stay after discharge from Hospice, 21 to 30 days
EZ	7.76.1	slc077601	HOSPC_DIS_LENGTH_STAY_31TO60_DAYS	Patients, by length of stay after discharge from Hospice, 31 to 60 days
FA	7.77.1	slc077701	HOSPC_DIS_LENGTH_STAY_61TO90_DAYS	Patients, by length of stay after discharge from Hospice, 61 to 90 days
FB	7.78.1	slc077801	HOSPC_DIS_LENGTH_STAY_91TO120_DAYS	Patients, by length of stay after discharge from Hospice, 91 to 120 days
FC	7.79.1	slc077901	HOSPC_DIS_LENGTH_STAY_121TO150_DAYS	Patients, by length of stay after discharge from Hospice, 121 to 150 days
FD	7.80.1	slc078001	HOSPC_DIS_LENGTH_STAY_151TO180_DAYS	Patients, by length of stay after discharge from Hospice, 151 to 180 days
FE	7.84.1	slc078401	HOSPC_DIS_LENGTH_STAY_>=181_DAYS	Patients, by length of stay after discharge from Hospice, 181 days or longer
FF	7.85.1	slc078501	HOSPC_DIS_LENGTH_STAY_DAYS_TOTL	Patients, by length of stay after discharge from Hospice, All, TOTAL
FG	7.91.1	slc079101	HOSPC_CO_01_RES_ADM	County 01 of residence at admission Hospice
FH	7.91.2	slc079102	HOSPC_CO_01_RES_ADM_PATIENTS	County 01 of residence at admission Hospice, admissions
FI	7.91.3	slc079103	HOSPC_CO_01_RES_ADM_DEATHS	County 01 of residence at admission Hospice, deaths
FJ	7.91.4	slc079104	HOSPC_CO_01_RES_DIS_NONDEATH	County 01 of residence at admission Hospice, nondeath discharges
FK	7.91.5	slc079105	HOSPC_CO_01_PATIENTS_TOTL	County 01 of residence at admission Hospice, patients served, TOTAL
FL	7.92.1	slc079201	HOSPC_CO_02_RES_ADM	County 02 of residence at admission Hospice
FM	7.92.2	slc079202	HOSPC_CO_02_RES_ADM_PATIENTS	County 02 of residence at admission Hospice, admissions
FN	7.92.3	slc079203	HOSPC_CO_02_RES_ADM_DEATHS	County 02 of residence at admission Hospice, deaths
FO	7.92.4	slc079204	HOSPC_CO_02_RES_DIS_NONDEATH	County 02 of residence at admission Hospice, nondeath discharges
FP	7.92.5	slc079205	HOSPC_CO_02_PATIENTS_TOTL	County 02 of residence at admission Hospice, patients served, TOTAL
FQ	7.93.1	slc079301	HOSPC_CO_03_RES_ADM	County 03 of residence at admission Hospice
FR	7.93.2	slc079302	HOSPC_CO_03_RES_ADM_PATIENTS	County 03 of residence at admission Hospice, admissions
FS	7.93.3	slc079303	HOSPC_CO_03_RES_ADM_DEATHS	County 03 of residence at admission Hospice, deaths
FT	7.93.4	slc079304	HOSPC_CO_03_RES_DIS_NONDEATH	County 03 of residence at admission Hospice, nondeath discharges
FU	7.93.5	slc079305	HOSPC_CO_03_PATIENTS_TOTL	County 03 of residence at admission Hospice, patients served, TOTAL
FV	7.94.1	slc079401	HOSPC_CO_04_RES_ADM	County 04 of residence at admission Hospice
FW	7.94.2	slc079402	HOSPC_CO_04_RES_ADM_PATIENTS	County 04 of residence at admission Hospice, admissions
FX	7.94.3	slc079403	HOSPC_CO_04_RES_ADM_DEATHS	County 04 of residence at admission Hospice, deaths
FY	7.94.4	slc079404	HOSPC_CO_04_RES_DIS_NONDEATH	County 04 of residence at admission Hospice, nondeath discharges
FZ	7.94.5	slc079405	HOSPC_CO_04_PATIENTS_TOTL	County 04 of residence at admission Hospice, patients served, TOTAL
GA	7.95.1	slc079501	HOSPC_CO_05_RES_ADM	County 05 of residence at admission Hospice
GB	7.95.2	slc079502	HOSPC_CO_05_RES_ADM_PATIENTS	County 05 of residence at admission Hospice, admissions
GC	7.95.3	slc079503	HOSPC_CO_05_RES_ADM_DEATHS	County 05 of residence at admission Hospice, deaths
GD	7.95.4	slc079504	HOSPC_CO_05_RES_DIS_NONDEATH	County 05 of residence at admission Hospice, nondeath discharges
GE	7.95.5	slc079505	HOSPC_CO_05_PATIENTS_TOTL	County 05 of residence at admission Hospice, patients served, TOTAL
GF	7.96.1	slc079601	HOSPC_CO_06_RES_ADM	County 06 of residence at admission Hospice
GG	7.96.2	slc079602	HOSPC_CO_06_RES_ADM_PATIENTS	County 06 of residence at admission Hospice, admissions
GH	7.96.3	slc079603	HOSPC_CO_06_RES_ADM_DEATHS	County 06 of residence at admission Hospice, deaths
GI	7.96.4	slc079604	HOSPC_CO_06_RES_DIS_NONDEATH	County 06 of residence at admission Hospice, nondeath discharges
GJ	7.96.5	slc079605	HOSPC_CO_06_PATIENTS_TOTL	County 06 of residence at admission Hospice, patients served, TOTAL
GK	7.97.1	slc079701	HOSPC_CO_07_RES_ADM	County 07 of residence at admission Hospice
GL	7.97.2	slc079702	HOSPC_CO_07_RES_ADM_PATIENTS	County 07 of residence at admission Hospice, admissions
GM	7.97.3	slc079703	HOSPC_CO_07_RES_ADM_DEATHS	County 07 of residence at admission Hospice, deaths
GN	7.97.4	slc079704	HOSPC_CO_07_RES_DIS_NONDEATH	County 07 of residence at admission Hospice, nondeath discharges
GO	7.97.5	slc079705	HOSPC_CO_07_PATIENTS_TOTL	County 07 of residence at admission Hospice, patients served, TOTAL
GP	7.98.1	slc079801	HOSPC_CO_08_RES_ADM	County 08 of residence at admission Hospice



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Header Row Field Names				
Worksheet Column	Report Form Section-Line-Column Coordinates		English Abbreviation	Description
	Short Version with periods and without alpha	Long Version with alpha and without periods		
GQ	7.98.2	slc079802	HOSPC_CO_08_RES_ADM_PATIENTS	County 08 of residence at admission Hospice, admissions
GR	7.98.3	slc079803	HOSPC_CO_08_RES_ADM_DEATHS	County 08 of residence at admission Hospice, deaths
GS	7.98.4	slc079804	HOSPC_CO_08_RES_DIS_NONDEATH	County 08 of residence at admission Hospice, nondeath discharges
GT	7.98.5	slc079805	HOSPC_CO_08_PATIENTS_TOTL	County 08 of residence at admission Hospice, patients served, TOTAL
GU	7.99.1	slc079901	HOSPC_CO_09_RES_ADM	County 09 of residence at admission Hospice
GV	7.99.2	slc079902	HOSPC_CO_09_RES_ADM_PATIENTS	County 09 of residence at admission Hospice, admissions
GW	7.99.3	slc079903	HOSPC_CO_09_RES_ADM_DEATHS	County 09 of residence at admission Hospice, deaths
GX	7.99.4	slc079904	HOSPC_CO_09_RES_DIS_NONDEATH	County 09 of residence at admission Hospice, nondeath discharges
GY	7.99.5	slc079905	HOSPC_CO_09_PATIENTS_TOTL	County 09 of residence at admission Hospice, patients served, TOTAL
GZ	7.100.2	slc0710002	HOSPC_CO_RES_ADM_TOTL	County All, of residence at admission Hospice, admissions, TOTAL
HA	7.100.3	slc0710003	HOSPC_CO_RES_ADM_DEATHS_TOTL	County All, of residence at admission Hospice, deaths, TOTAL
HB	7.100.4	slc0710004	HOSPC_CO_RES_DIS_NONDEATH_TOTL	County All, of residence at admission Hospice, nondeath discharges, TOTAL
HC	7.100.5	slc0710005	HOSPC_CO_ALL_PATIENTS_TOTL	County All, of residence at admission Hospice, All patients served, TOTAL

**HHA Hospice Documentation - Sections 8 through 10**

Worksheet Column	Header Row Field Names			
	Report Form		English Abbreviation	Description
	Short Version with periods and without alpha	Long Version with alpha and without periods		
A	1.2.1	slc010201	OSHPD_ID	OSHPD Identification Number
B	1.1.1	slc010101	FAC_NAME	Facility Name
C	8.1.1	slc080101	HOSPC_DIS_DX_CANCER	Hospice, Diagnosis, cancer, patients discharged with
D	8.1.2	slc080102	HOSPC_DIS_DX_CANCER_VISITS	Hospice, Hospice, Diagnosis, cancer, visits of patients discharged with
E	8.1.3	slc080103	HOSPC_DIS_DX_CANCER_DAYS	Hospice, Hospice, Diagnosis, cancer, days of care of patients discharged with
F	8.2.1	slc080201	HOSPC_DIS_DX_HEART	Hospice, Diagnosis, heart, patients discharged with
G	8.2.2	slc080202	HOSPC_DIS_DX_HEART_VISITS	Hospice, Diagnosis, heart, visits of patients discharged with
H	8.2.3	slc080203	HOSPC_DIS_DX_HEART_DAYS	Hospice, Diagnosis, heart, days of care of patients discharged with
I	8.3.1	slc080301	HOSPC_DIS_DX_DEMENTIA	Hospice, Diagnosis, dementia, patients discharged with
J	8.3.2	slc080302	HOSPC_DIS_DX_DEMENTIA_VISITS	Hospice, Diagnosis, dementia, visits of patients discharged with
K	8.3.3	slc080303	HOSPC_DIS_DX_DEMENTIA_DAYS	Hospice, Diagnosis, dementia, days of care of patients discharged with
L	8.4.1	slc080401	HOSPC_DIS_DX_LUNG_NO_CANCER	Hospice, Diagnosis, lung (no cancer), patients discharged with
M	8.4.2	slc080402	HOSPC_DIS_DX_LUNG_NO_CANCER_VISITS	Hospice, Diagnosis, lung (no cancer), visits of patients discharged with
N	8.4.3	slc080403	HOSPC_DIS_DX_LUNG_NO_CANCER_DAYS	Hospice, Diagnosis, lung (no cancer), days of care of patients discharged with
O	8.5.1	slc080501	HOSPC_DIS_DX_KIDNEY	Hospice, Diagnosis, kidney, patients discharged with
P	8.5.2	slc080502	HOSPC_DIS_DX_KIDNEY_VISITS	Hospice, Diagnosis, kidney, visits of patients discharged with
Q	8.5.3	slc080503	HOSPC_DIS_DX_KIDNEY_DAYS	Hospice, Diagnosis, kidney, days of care of patients discharged with
R	8.6.1	slc080601	HOSPC_DIS_DX_LIVER	Hospice, Diagnosis, liver, patients discharged with
S	8.6.2	slc080602	HOSPC_DIS_DX_LIVER_VISITS	Hospice, Diagnosis, liver, visits of patients discharged with
T	8.6.3	slc080603	HOSPC_DIS_DX_LIVER_DAYS	Hospice, Diagnosis, liver, days of care of patients discharged with
U	8.7.1	slc080701	HOSPC_DIS_DX_HIV	Hospice, Diagnosis, HIV, patients discharged with
V	8.7.2	slc080702	HOSPC_DIS_DX_HIV_VISITS	Hospice, Diagnosis, HIV, visits of patients discharged with
W	8.7.3	slc080703	HOSPC_DIS_DX_HIV_DAYS	Hospice, Diagnosis, HIV, days of care of patients discharged with
X	8.8.1	slc080801	HOSPC_DIS_DX_BRAIN_STRK_RELATED	Hospice, Diagnosis, brain, stroke-related, patients discharged with
Y	8.8.2	slc080802	HOSPC_DIS_DX_BRAIN_STRK_RELATED_VISITS	Hospice, Diagnosis, brain, stroke-related, visits of patients discharged with
Z	8.8.3	slc080803	HOSPC_DIS_DX_BRAIN_STRK_RELATED_DAYS	Hospice, Diagnosis, brain, stroke-related, days of care of patients discharged with
AA	8.9.1	slc080901	HOSPC_DIS_DX_COMA	Hospice, Diagnosis, coma, patients discharged with
AB	8.9.2	slc080902	HOSPC_DIS_DX_COMA_VISITS	Hospice, Diagnosis, coma, visits of patients discharged with
AC	8.9.3	slc080903	HOSPC_DIS_DX_COMA_DAYS	Hospice, Diagnosis, coma, days of care of patients discharged with
AD	8.10.1	slc081001	HOSPC_DIS_DX_DIABETES	Hospice, Diagnosis, diabetes, patients discharged with
AE	8.10.2	slc081002	HOSPC_DIS_DX_DIABETES_VISITS	Hospice, Diagnosis, diabetes, visits of patients discharged with
AF	8.10.3	slc081003	HOSPC_DIS_DX_DIABETES_DAYS	Hospice, Diagnosis, diabetes, days of care of patients discharged with
AG	8.11.1	slc081101	HOSPC_DIS_DX_ALS_LOU_GEHRRIGS	Hospice, Diagnosis, ALS Lou Gehrigs, patients discharged with
AH	8.11.2	slc081102	HOSPC_DIS_DX_ALS_LOU_GEHRRIGS_VISITS	Hospice, Diagnosis, ALS Lou Gehrigs, visits of patients discharged with
AI	8.11.3	slc081103	HOSPC_DIS_DX_ALS_LOU_GEHRRIGS_DAYS	Hospice, Diagnosis, ALS Lou Gehrigs, days of care of patients discharged with
AJ	8.19.1	slc081901	HOSPC_DIS_DX_OTHR	Hospice, Diagnosis, Other, patients discharged with
AK	8.19.2	slc081902	HOSPC_DIS_DX_OTHR_VISITS	Hospice, Diagnosis, Other, visits of patients discharged with
AL	8.19.3	slc081903	HOSPC_DIS_DX_OTHR_DAYS	Hospice, Diagnosis, Other, days of care of patients discharged with
AM	8.20.1	slc082001	HOSPC_DIS_ALL_DX_TOTL	Hospice, Diagnosis, ALL patients discharged TOTAL
AN	8.20.2	slc082002	HOSPC_DIS_ALL_DX_VISITS_TOTL	Hospice, Diagnosis, ALL patient visits discharged TOTAL
AO	8.20.3	slc082003	HOSPC_DIS_ALL_DX_DAYS_TOTL	Hospice, Diagnosis, ALL patient days of care discharged TOTAL
AP	9.1.1	slc090101	HOSPC_PATIENT_MCAR	Hospice Payer, Medicare patients
AQ	9.1.2	slc090102	HOSPC_ROUTINE_HOME_CARE_DAYS_MCAR	Hospice Payer, Medicare routine home care days
AR	9.1.3	slc090103	HOSPC_IP_CARE_DAYS_MCAR	Hospice Payer, Medicare inpatient care days
AS	9.1.4	slc090104	HOSPC_RESPITE_CARE_DAYS_MCAR	Hospice Payer, Medicare respite care days
AT	9.1.5	slc090105	HOSPC_CONT_CARE_DAYS_MCAR	Hospice Payer, Medicare continuous care days
AU	9.1.6	slc090106	HOSPC_CARE_DAYS_MCAR_TOTL	Hospice Payer, Medicare care days TOTAL
AV	9.2.1	slc090201	HOSPC_PATIENT_MCAL	Hospice Payer, Medi-Cal Traditional patients
AW	9.2.2	slc090202	HOSPC_ROUTINE_HOME_CARE_DAYS_MCAL	Hospice Payer, Medi-Cal Traditional routine home care days

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Worksheet Column	Header Row Field Names			
	Report Form		English Abbreviation	Description
	Short Version with periods and without alpha	Long Version with alpha and without periods		
AX	9.2.3	slc090203	HOSPC_IP_CARE_DAYS_MCAL	Hospice Payer, Medi-Cal Traditional inpatient care days
AY	9.2.4	slc090204	HOSPC_RESPITE_CARE_DAYS_MCAL	Hospice Payer, Medi-Cal Traditional respite care days
AZ	9.2.5	slc090205	HOSPC_CONT_CARE_DAYS_MCAL	Hospice Payer, Medi-Cal Traditional continuous care days
BA	9.2.6	slc090206	HOSPC_CARE_DAYS_MCAL_TOTL	Hospice Payer, Medi-Cal Traditional care days TOTAL
BB	9.3.1	slc090301	HOSPC_PATIENT_MNG_MCAL	Hospice Payer, Medi-Cal Managed Care patients
BC	9.3.2	slc090302	HOSPC_ROUTINE_HOME_CARE_DAYS_MNG_MCAL	Hospice Payer, Medi-Cal Managed Care routine home care days
BD	9.3.3	slc090303	HOSPC_IP_CARE_DAYS_MNG_MCAL	Hospice Payer, Medi-Cal Managed Care inpatient care days
BE	9.3.4	slc090304	HOSPC_RESPITE_CARE_DAYS_MNG_MCAL	Hospice Payer, Medi-Cal Managed Care respite care days
BF	9.3.5	slc090305	HOSPC_CONT_CARE_DAYS_MNG_MCAL	Hospice Payer, Medi-Cal Managed Care continuous care days
BG	9.3.6	slc090306	HOSPC_CARE_DAYS_MNG_MCAL_TOTL	Hospice Payer, Medi-Cal Managed Care care days TOTAL
BH	9.4.1	slc090401	HOSPC_PATIENT_MNG_CARE	Hospice Payer, Managed Care patients
BI	9.4.2	slc090402	HOSPC_ROUTINE_HOME_CARE_DAYS_MNG_CARE	Hospice Payer, Managed Care routine home care days
BJ	9.4.3	slc090403	HOSPC_IP_CARE_DAYS_MNG_CARE	Hospice Payer, Managed Care inpatient care days
BK	9.4.4	slc090404	HOSPC_RESPITE_CARE_DAYS_MNG_CARE	Hospice Payer, Managed Care respite care days
BL	9.4.5	slc090405	HOSPC_CONT_CARE_DAYS_MNG_CARE	Hospice Payer, Managed Care continuous care days
BM	9.4.6	slc090406	HOSPC_CARE_DAYS_MNG_CARE_TOTL	Hospice Payer, Managed Care care days TOTAL
BN	9.5.1	slc090501	HOSPC_PATIENT_PVT_INS	Hospice Payer, Private Insurance patients
BO	9.5.2	slc090502	HOSPC_ROUTINE_HOME_CARE_DAYS_PVT_INS	Hospice Payer, Private Insurance routine home care days
BP	9.5.3	slc090503	HOSPC_IP_CARE_DAYS_PVT_INS	Hospice Payer, Private Insurance inpatient care days
BQ	9.5.4	slc090504	HOSPC_RESPITE_CARE_DAYS_PVT_INS	Hospice Payer, Private Insurance respite care days
BR	9.5.5	slc090505	HOSPC_CONT_CARE_DAYS_PVT_INS	Hospice Payer, Private Insurance continuous care days
BS	9.5.6	slc090506	HOSPC_CARE_DAYS_PVT_INS_TOTL	Hospice Payer, Private Insurance care days TOTAL
BT	9.6.1	slc090601	HOSPC_PATIENT_SELFPAY	Hospice Payer, Self-pay patients
BU	9.6.2	slc090602	HOSPC_ROUTINE_HOME_CARE_DAYS_SELFPAY	Hospice Payer, Self-pay routine home care days
BV	9.6.3	slc090603	HOSPC_IP_CARE_DAYS_SELFPAY	Hospice Payer, Self-pay inpatient care days
BW	9.6.4	slc090604	HOSPC_RESPITE_CARE_DAYS_SELFPAY	Hospice Payer, Self-pay respite care days
BX	9.6.5	slc090605	HOSPC_CONT_CARE_DAYS_SELFPAY	Hospice Payer, Self-pay continuous care days
BY	9.6.6	slc090606	HOSPC_CARE_DAYS_SELFPAY_TOTL	Hospice Payer, Self-pay care days TOTAL
BZ	9.7.1	slc090701	HOSPC_PATIENT_CHARITY	Hospice Payer, Charity patients
CA	9.7.2	slc090702	HOSPC_ROUTINE_HOME_CARE_DAYS_CHARITY	Hospice Payer, Charity routine home care days
CB	9.7.3	slc090703	HOSPC_IP_CARE_DAYS_CHARITY	Hospice Payer, Charity inpatient care days
CC	9.7.4	slc090704	HOSPC_RESPITE_CARE_DAYS_CHARITY	Hospice Payer, Charity respite care days
CD	9.7.5	slc090705	HOSPC_CONT_CARE_DAYS_CHARITY	Hospice Payer, Charity continuous care days
CE	9.7.6	slc090706	HOSPC_CARE_DAYS_CHARITY_TOTL	Hospice Payer, Charity care days TOTAL
CF	9.9.1	slc090901	HOSPC_PATIENT_OTHR	Hospice Payer, Other patients
CG	9.9.2	slc090902	HOSPC_ROUTINE_HOME_CARE_DAYS_OTHR	Hospice Payer, Other routine home care days
CH	9.9.3	slc090903	HOSPC_IP_CARE_DAYS_OTHR	Hospice Payer, Other inpatient care days
CI	9.9.4	slc090904	HOSPC_RESPITE_CARE_DAYS_OTHR	Hospice Payer, Other respite care days
CJ	9.9.5	slc090905	HOSPC_CONT_CARE_DAYS_OTHR	Hospice Payer, Other continuous care days
CK	9.9.6	slc090906	HOSPC_CARE_DAYS_OTHR_TOTL	Hospice Payer, Other care days TOTAL
CL	9.10.1	slc091001	HOSPC_ALL_PATIENT_TOTL	Hospice Payer, ALL patients TOTAL
CM	9.10.2	slc091002	HOSPC_ALL_ROUTINE_HOME_CARE_DAYS_TOTL	Hospice Payer, ALL routine home care days TOTAL
CN	9.10.3	slc091003	HOSPC_ALL_IP_CARE_DAYS_TOTL	Hospice Payer, ALL inpatient care days TOTAL
CO	9.10.4	slc091004	HOSPC_ALL_RESPITE_CARE_DAYS_TOTL	Hospice Payer, ALL respite care days TOTAL
CP	9.10.5	slc091005	HOSPC_ALL_CONT_CARE_DAYS_TOTL	Hospice Payer, ALL continuous care days TOTAL
CQ	9.10.6	slc091006	HOSPC_ALL_CARE_DAYS_TOTL	Hospice Payer, ALL care days TOTAL
CR	9.21.1	slc092101	HOSPC_ROUTINE_HOME_CARE_DAYS_HOME	Hospice, care location: home for routine home care days
CS	9.21.3	slc092103	HOSPC_RESPITE_CARE_DAYS_HOME	Hospice, care location: home for respite care days
CT	9.21.4	slc092104	HOSPC_CONT_CARE_DAYS_HOME	Hospice, care location: home for continuous care days

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Worksheet Column	Header Row Field Names			
	Report Form		English Abbreviation	Description
	Short Version with periods and without alpha	Long Version with alpha and without periods		
CU	9.21.5	slc092105	HOSPC_CARE_DAYS_HOME_TOTL	Hospice, care location: home for care days TOTAL
CV	9.22.1	slc092201	HOSPC_ROUTINE_HOME_CARE_DAYS_HSP	Hospice, care location: hospital for routine home care days
CW	9.22.2	slc092202	HOSPC_RESPITE_CARE_DAYS_HSP	Hospice, care location: hospital for inpatient care days
CX	9.22.3	slc092203	HOSPC_CONT_CARE_DAYS_HSP	Hospice, care location: hospital for respite care days
CY	9.22.5	slc092205	HOSPC_CARE_DAYS_HSP_TOTL	Hospice, care location: hospital for care days TOTAL
CZ	9.23.1	slc092301	HOSPC_ROUTINE_HOME_CARE_DAYS_SNF	Hospice, care location: skilled nurse fac. for routine home care days
DA	9.23.2	slc092302	HOSPC_IP_CARE_DAYS_SNF	Hospice, care location: skilled nurse fac. for inpatient care days
DB	9.23.3	slc092303	HOSPC_RESPITE_CARE_DAYS_SNF	Hospice, care location: skilled nurse fac. for respite care days
DC	9.23.4	slc092304	HOSPC_CONT_CARE_DAYS_SNF	Hospice, care location: skilled nurse fac. for continuous care days
DD	9.23.5	slc092305	HOSPC_CARE_DAYS_SNF_TOTL	Hospice, care location: skilled nurse fac. for care days TOTAL
DE	9.24.1	slc092401	HOSPC_ROUTINE_HOME_CARE_DAYS_CLHF	Hospice, care location: CLHF for routine home care days
DF	9.24.2	slc092402	HOSPC_IP_CARE_DAYS_CLHF	Hospice, care location: CLHF for inpatient care days
DG	9.24.3	slc092403	HOSPC_RESPITE_CARE_DAYS_CLHF	Hospice, care location: CLHF for respite care days
DH	9.24.4	slc092404	HOSPC_CONT_CARE_DAYS_CLHF	Hospice, care location: CLHF for continuous care days
DI	9.24.5	slc092405	HOSPC_CARE_DAYS_CLHF_TOTL	Hospice, care location: CLHF for care days TOTAL
DJ	9.25.1	slc092501	HOSPC_ROUTINE_HOME_CARE_DAYS_RCFE_ARF	Hospice, care location: RCFE/ARF for routine home care days
DK	9.25.3	slc092503	HOSPC_RESPITE_CARE_DAYS_RCFE_ARF	Hospice, care location: RCFE/ARF for respite care days
DL	9.25.4	slc092504	HOSPC_CONT_CARE_DAYS_RCFE_ARF	Hospice, care location: RCFE/ARF for continuous care days
DM	9.25.5	slc092505	HOSPC_CARE_DAYS_RCFE_ARF_TOTL	Hospice, care location: RCFE/ARF for care days TOTAL
DN	9.29.1	slc092901	HOSPC_ROUTINE_HOME_CARE_DAYS_OTHR	Hospice, care location: Other for routine home care days
DO	9.29.2	slc092902	HOSPC_IP_CARE_DAYS_OTHR	Hospice, care location: Other for inpatient care days
DP	9.29.3	slc092903	HOSPC_RESPITE_CARE_DAYS_OTHR	Hospice, care location: Other for respite care days
DQ	9.29.4	slc092904	HOSPC_CONT_CARE_DAYS_OTHR	Hospice, care location: Other for continuous care days
DR	9.29.5	slc092905	HOSPC_CARE_DAYS_OTHR_TOTL	Hospice, care location: Other for care days TOTAL
DS	9.30.1	slc093001	HOSPC_ROUTINE_HOME_CARE_DAYS_HOME_TOTL	Hospice, care location: ALL routine home care days TOTAL
DT	9.30.2	slc093002	HOSPC_IP_CARE_DAYS_HOME_TOTL	Hospice, care location: ALL inpatient care days TOTAL
DU	9.30.3	slc093003	HOSPC_RESPITE_CARE_DAYS_HOME_TOTL	Hospice, care location: ALL respite care days TOTAL
DV	9.30.4	slc093004	HOSPC_CONT_CARE_DAYS_HOME_TOTL	Hospice, care location: ALL continuous care days TOTAL
DW	9.30.5	slc093005	HOSPC_CARE_DAYS_HOME_TOTL	Hospice, care location: ALL care days TOTAL
DX	10.30.1	slc103001	HOSPC_COST_CTR_ADMIN_GEN	Hospice, expenses: Administrative and General
DY	10.31.1	slc103101	HOSPC_EXP_IP_GEN	Hospice, expenses: Inpatient - General Care
DZ	10.32.1	slc103201	HOSPC_EXP_IP_RESPITE	Hospice, expenses: Inpatient - Respite
EA	10.33.1	slc103301	HOSPC_EXP_IP_RM_BD_SNF_PASSTHRU	Hospice, expenses: Room and Board SNF Medi-Cal Pass-through Payments
EB	10.34.1	slc103401	HOSPC_EXP_MCAL_RM_BD_CONTRACT_ADJ	Hospice, expenses: Medi-Cal Room and Board Contractual Payments
EC	10.35.1	slc103501	HOSPC_EXP_PROG_SUPV_TOTL	Hospice, expenses: Hospice Program, Team Supervision (non-visit wages)
ED	10.36.1	slc103601	HOSPC_EXP_PHYSN_TOTL	Hospice, expenses: Physician Services
EE	10.37.1	slc103701	HOSPC_EXP_NUR_CARE_TOTL	Hospice, expenses: Nursing Care
EF	10.38.1	slc103801	HOSPC_EXP_REHAB_SVC_TOTL	Hospice, expenses: Rehabilitation Services (PT, OT, Speech)
EG	10.39.1	slc103901	HOSPC_EXP_MED_SOC_SVC_TOTL	Hospice, expenses: Medical Social Services - Direct
EH	10.40.1	slc104001	HOSPC_EXP_SPIRITUAL_SVC_TOTL	Hospice, expenses: Spiritual Counseling
EI	10.41.1	slc104101	HOSPC_EXP_DIETARY_SVC_TOTL	Hospice, expenses: Dietary Counseling
EJ	10.42.1	slc104201	HOSPC_EXP_COUNSEL_SVC_TOTL	Hospice, expenses: Counseling, Other
EK	10.43.1	slc104301	HOSPC_EXP_HOME_HLTH_AIDES_TOTL	Hospice, expenses: Home Health Aides and Homemakers
EL	10.44.1	slc104401	HOSPC_EXP_OTHR_VISIT_TOTL	Hospice, expenses: Other Visiting Services
EM	10.45.1	slc104501	HOSPC_COST_CTR_DRUGS_TOTL	Hospice, cost center: Drugs, biologicals and infusion
EN	10.46.1	slc104601	HOSPC_COST_CTR_EQUIP_DUR_TOTL	Hospice, cost center: Durable medical Equipment, Oxygen
EO	10.47.1	slc104701	HOSPC_COST_CTR_TRANSP_PATIENT_TOTL	Hospice, cost center: Patient Transportation
EP	10.48.1	slc104801	HOSPC_COST_CTR_IMAG_LAB_TOTL	Hospice, cost center: Imaging, Lab and Diagnosis
EQ	10.49.1	slc104901	HOSPC_COST_CTR_MED_SUPP_TOTL	Hospice, cost center: Medical Supplies

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ER	10.50.1	slc105001	HOSPC_COST_CTR_OP_SVCS_TOTL	Hospice, cost center: Outpatient Services (including ER Dept)
ES	10.51.1	slc105101	HOSPC_COST_CTR_RADIATION_TOTL	Hospice, cost center: Radiation Therapy
ET	10.52.1	slc105201	HOSPC_COST_CTR_CHEMO_TOTL	Hospice, cost center: Chemotherapy
EU	10.53.1	slc105301	HOSPC_COST_CTR_OTHR_HOSPC_SVCS_TOTL	Hospice, cost center: Other Hospice Service Costs
EV	10.54.1	slc105401	HOSPC_COST_BEREAVE_PROG_TOTL	Hospice, cost of Bereavement Program
EW	10.55.1	slc105501	HOSPC_COST_VOLUNT_PROG_TOTL	Hospice, cost of Volunteer Program
EX	10.56.1	slc105601	HOSPC_COST_FUNDRAISE_TOTL	Hospice, cost of Fundraising
EY	10.57.1	slc105701	HOSPC_COST_OTHR_PROG_TOTL	Hospice, cost of Other Programs
EZ	10.59.1	slc105901	HOSPC_COST_OPER_EXP_TOTL	Hospice, TOTAL Operating Expenses
FA	10.101.1	slc1010101	HOSPC_REV_MCAR	Hospice, Gross Patient Revenue Medicare
FB	10.102.1	slc1010201	HOSPC_REV_MCAL	Hospice, Gross Patient Revenue Medi-Cal Traditional
FC	10.103.1	slc1010301	HOSPC_REV_MCAL_MNG_CARE	Hospice, Gross Patient Revenue Medi-Cal Managed Care
FD	10.104.1	slc1010401	HOSPC_REV_MNG_CARE	Hospice, Gross Patient Revenue Managed Care
FE	10.105.1	slc1010501	HOSPC_REV_PVT_INS	Hospice, Gross Patient Revenue Private Insurance
FF	10.106.1	slc1010601	HOSPC_REV_SELFPAY	Hospice, Gross Patient Revenue Self-pay
FG	10.109.1	slc1010901	HOSPC_REV_OTHR_PAYORS	Hospice, Gross Patient Revenue Other
FH	10.110.1	slc1011001	HOSPC_GRO_PATIENT_REV_TOTL	Hospice, Gross Patient Revenue TOTAL
FI	10.111.1	slc1011101	HOSPC_CONT_ADJ	Hospice, Contractual Adjustments
FJ	10.112.1	slc1011201	HOSPC_DENIAL_WRITEOFF	Hospice, Write-off Bad debt, Denials
FK	10.113.1	slc1011301	HOSPC_CHARITY_WRITEOFF	Hospice, Write-off Charity
FL	10.119.1	slc1011901	HOSPC_OTHR_WRITEOFF	Hospice, Write-off Other
FM	10.120.1	slc1012001	HOSPC_ALL_WRITEOFF_TOTL	Hospice, ALL, Write-off TOTAL
FN	10.125.1	slc1012501	HOSPC_NET_PATIENT_REV_TOTL	Hospice, Net Patient Revenue
FO	10.131.1	slc1013101	HOSPC_GRANTS_REV_TOTL	Hospice, Revenue: Grants
FP	10.132.1	slc1013201	HOSPC_DONATIONS_REV_TOTL	Hospice, Revenue: Donations
FQ	10.133.1	slc1013301	HOSPC_INCOME_UNREL_BUS_TOTL	Hospice, Revenue: Unrelated Business Income
FR	10.139.1	slc1013901	HOSPC_OTHR_REV_TOTL	Hospice, Revenue: Other
FS	10.140.1	slc1014001	HOSPC_OTHR_OPER_REV_TOTL	Hospice, TOTAL Other Operating Revenue
FT	10.145.1	slc1014501	HOSPC_OPER_REV_TOTL	Hospice, TOTAL Operating Revenue
FU	10.151.1	slc1015101	HOSPC_COST_CTR_GEN_SVC_TOTL	Hospice, General Service Cost Centers
FV	10.152.1	slc1015201	HOSPC_IP_CARE_SVC_TOTL	Hospice, Inpatient Care Service
FW	10.153.1	slc1015301	HOSPC_NUR_HOME_TOTL	Hospice, Nursing Home
FX	10.154.1	slc1015401	HOSPC_PROG_SUPV_TOTL	Hospice, Program Supervision
FY	10.155.1	slc1015501	HOSPC_VISIT_SVCS_TOTL	Hospice, Visiting Services
FZ	10.156.1	slc1015601	HOSPC_COST_CTR_HOSPC_SVC_TOTL	Hospice, Hospice Service Cost Centers
GA	10.157.1	slc1015701	HOSPC_COST_OTHR_HOSPC_TOTL	Hospice, Other Hospice Costs
GB	10.159.1	slc1015901	HOSPC_COST_OTHR_TOTL	Hospice, Other Cost Center
GC	10.160.1	slc1016001	HOSPC_OPER_EXP_TOTL	Hospice, Operating Expenses
GD	10.165.1	slc1016501	HOSPC_NET_FROM_OP	Hospice, Net from Operations
GE	10.170.1	slc1017001	HOSPC_INC_TAX_TOTL	Hospice, Income Tax Total
GF	10.175.1	slc1017501	HOSPC_NET_INC	Hospice, Net Income

1. Facility DBA (Doing Business As) Name:						2. OSHPD Facility No.:															
3. Street Address:								4. City:									5. Zip Code:				
6. Facility Phone No.: (        )						7. Administrator Name:						8. Administrator's E-Mail Address:									
9. Was this agency in operation at any time during the year? Yes <input type="checkbox"/> No <input type="checkbox"/>										Dates of Operation (MMDDYYYY): 10. From:                          11. Through:											
12. Name of Parent Corporation:              (If this is a branch or a multiple location, complete lines 12-16)																					
13. Corporate Business Address:										14. City:							15. State		16. Zip Code:		
17. Person Completing Report										18. Phone No. (        )							Ext.				
19. Fax No. (        )										20. E-mail Address:											
25. Select Entity Type: <div>HHA only     <input type="checkbox"/>                          HHA with Hospice Program     <input type="checkbox"/>                          Hospice only     <input type="checkbox"/></div>																					
26. Select Entity Relationship: <div>Parent with Branch/es     <input type="checkbox"/>                          Branch     <input type="checkbox"/>                          Sole Facility     <input type="checkbox"/></div>																					
<p style="text-align:center;"><b>CERTIFICATION</b></p> <p>I declare the following under penalty of perjury: that I am the current administrator of this health facility, duly authorized by the governing body to act in an executive capacity; that I am familiar with the record keeping systems of this facility; that the records and logs are true and correct to the best of my knowledge and belief; that I have read this annual report and am thoroughly familiar with its contents; and that its contents represent an accurate and complete summarization from medical records and logs of the information requested.</p> <div><div>Date _____</div><div>Administrator Signature  _____ Administrator Name (Please Print)</div></div>																					
Completion of this Annual Utilization Report of Home Health Agencies and Hospice is required by Section 74729, Division 5, Title 22, of the California Code of Regulations for Home Health Agencies and Section 1750(c) of the California Health and Safety Code for Hospices.																					
Office of Statewide Health Planning and Development Healthcare Information Division Accounting and Reporting Systems Section Licensed Services Data and Compliance Unit 818 K Street, Room 400 Sacramento, CA 95814 <div>Phone: (916) 323-7685 FAX: (916) 322-1442</div>																					

## Section 2

OSHPD Facility ID No. \_\_\_\_\_

## LICENSEE TYPE OF CONTROL

Line No.		(1)
1	From the list below, select the ONE category that best describes the licensee type of control of your home health agency and enter the number which appears next to that category.	

## LICENSEE TYPE OF CONTROL CODES

1	City and/or County	6	Investor - Individual
2	District	7	Investor - Partnership
3	Non-profit Corporation (incl. Church-related)	8	Investor - Limited Liability Company
4	University of California	9	Investor - Corporation
5	State		

## MEDICARE/MED-CAL CERTIFICATION

Line No.	
5	Select certification: (1) Medicare <input type="checkbox"/> (2) Medi-Cal <input type="checkbox"/>

## AGENCY ACCREDITATION STATUS (Check all applicable ones.)

Line No.	
10	Accredited by ACHC (1) Accredited <input type="checkbox"/> (2) Deemed <input type="checkbox"/> (3) None <input type="checkbox"/>
11	Accredited by CHAP (1) Accredited <input type="checkbox"/> (2) Deemed <input type="checkbox"/> (3) None <input type="checkbox"/>
12	Accredited by JCAHO (1) Accredited <input type="checkbox"/> (2) Deemed <input type="checkbox"/> (3) None <input type="checkbox"/>
13	Accredited by other: (1) Accredited <input type="checkbox"/> (2) Deemed <input type="checkbox"/> (3) None <input type="checkbox"/>

## HOME INFUSION THERAPY/PHARMACY ONLY

Line No.		(1)
15	Do you have a Registered Nurse on staff who makes home visits?	Yes <input type="checkbox"/> No <input type="checkbox"/>
16	Is your agency a licensed Pharmacy?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Note: If the agency is a licensed pharmacy that provides **only** home infusion therapy equipment then there is no need to complete the remainder of the report.

## SPECIAL SERVICES (Check all that apply.)

Line No.		(1)	Line No.		(1)
20	AIDS Services	<input type="checkbox"/>	25	Pediatric	<input type="checkbox"/>
21	Blood Transfusions	<input type="checkbox"/>	26	Psychiatric Nursing	<input type="checkbox"/>
22	Enterostomal Therapy	<input type="checkbox"/>	27	Respiratory/Pulmonary Therapy	<input type="checkbox"/>
23	IV Therapy (Includes Chemo & TPN)	<input type="checkbox"/>	28	Other	<input type="checkbox"/>
24	Mental Health Counseling	<input type="checkbox"/>			

## PATIENT INFORMATION

Line No.		(1)
30	Enter the number of unduplicated patients seen by your agency during the reporting year.	

## Section 2 (Cont'd)

OSHDP Facility ID No. \_\_\_\_\_

## HOME HEALTH CARE

Line No.	Other Home Health Visits	No. of Visits (1)
31	Pre-Admission Screening / Evaluations	
32	Outpatient Visits	
33	Other	
34	TOTAL	

## OTHER HOME HEALTH SERVICES (Home Care Service, e.g. Continuous Care)

NOTE: Do not complete Lines 50-54 if these services were provided by an organization other than your licensed agency.

Line No.		(1)
40	Did your agency perform other Home Care Services?	Yes <input type="checkbox"/> No <input type="checkbox"/>
41	How many total hours of other Home Care did your agency provide?	

## Other Home Care Services, Staff, and Functions (Check all that apply.)

Line No.		(1)
50	Certified Nurse Assistant (CNA)	
51	Home Health Aide	
52	Homemaker Services	
53	Non-intermittent Nursing (RN / LVN)	
54	Other	



**HOME HEALTH AGENCY PATIENTS  
AND VISITS**

ANNUAL UTILIZATION REPORT OF HOME HEALTH AGENCIES - 2002

OSHDP Facility ID No. \_\_\_\_\_

**Section 3****PATIENTS AND VISITS BY AGE**

Line No.	Age	Patients (1)	Visits (2)
1	0-10 Years		
2	11-20 Years		
3	21-30 Years		
4	31-40 Years		
5	41-50 Years		
6	51-60 Years		
7	61-70 Years		
8	71-80 Years		
9	81-90 Years		
10	91 Years and Older		
15	TOTAL		

**ADMISSIONS BY SOURCE OF REFERRAL**

Line No.	Source of Referral	Admissions (1)
21	Another Home Health Agency	
22	Clinic	
23	Family / Friend	
24	Hospice	
25	Hospital (Discharge Planner, etc.)	
26	Local Health Department	
27	Long Term Care Facility (SN / IC)	
28	MSSP	
29	Payer (Insurance, HMO, etc.)	
30	Physician	
30	Self	
32	Social Service Agency	
34	Other	
35	TOTAL	

**HOME HEALTH AGENCY PATIENTS  
AND VISITS****ANNUAL UTILIZATION REPORT OF HOME HEALTH AGENCIES - 2002**

OSHDP Facility ID No. \_\_\_\_\_

**Section 3 (Cont'd)****DISCHARGES BY REASONS**

Line No.	Reason for Discharge	Discharges (1)
41	Admitted to Hospital	
42	Admitted to SN / IC Facility	
43	Death	
44	Family / Friends Assumed Responsibility	
45	Lack of Funds	
46	Lack of Progress	
47	No Further Home Health Care Needed	
48	Patient Moved out of Area	
49	Patient Refused Service	
50	Physician Request	
51	Transferred to Another HHA	
52	Transferred to Home Care (Personal Care)	
53	Transferred to Hospice	
54	Transferred to Outpatient Rehabilitation	
59	Other	
60	TOTAL	

**VISITS BY TYPE OF STAFF**

Line No.	Type of Staff	Visits (1)
71	Home Health Aide	
72	Nutritionist (Diet Counseling)	
73	Occupational Therapist	
74	Physical Therapist	
75	Physician	
76	Skilled Nursing	
77	Social Worker	
78	Speech Pathologist / Audiologist	
79	Spiritual and Pastoral Care	
84	Other	
85	TOTAL	

# HOME HEALTH AGENCY PATIENTS AND VISITS

ANNUAL UTILIZATION REPORT OF HOME HEALTH AGENCIES - 2002

OSHDP Facility ID No. \_\_\_\_\_

## Section 3 (Cont'd)

### VISITS BY PRIMARY SOURCE OF PAYMENT

Line No.	Source of Payment	Visits (1)
91	Medicare	
92	Medi-Cal	
93	TRICARE (CHAMPUS)	
94	Other Third Party (Insurance, etc.)	
95	Private (Self Pay)	
96	HMO / PPO (Includes Medicare and Medi-Cal HMOs)	
97	No Reimbursement	
99	Other (Includes MSSP)	
100	TOTAL	

# HEALTH CARE UTILIZATION

# ANNUAL UTILIZATION REPORT OF HOME HEALTH AGENCIES - 2002

## Section 4

OSHPD Facility ID No. \_\_\_\_\_

### PATIENTS AND VISITS BY PRINCIPAL DIAGNOSIS FOR WHICH CARE WAS GIVEN\*

Line No.	Principal Diagnosis	ICD-9-CM Code	Patients (1)	Visits (2)
1	Infectious and parasitic diseases (exclude HIV)	001.0-041.9, 045.0-139.8		
2	HIV infections (include AIDS, ARC, HIV)	042		
3	Malignant neoplasms: Lung	162.0-162.9, 197.0, 231.2		
4	Malignant neoplasms: Breast	174.1-174.9, 175.0-175.9, 198.2, 198.81, 233.0		
5	Malignant neoplasms: Intestines	152.0-154.8, 159.0, 197.4, 197.5, 197.8, 198.89, 230.3, 230.4, 230.7		
6	Malignant neoplasms: All other sites, excluding those in #3,4,5	140.0-208.91, 230.0-234.9		
7	Non-malignant neoplasms: All sites	210.0-229.9, 235.0-238.9, 239.0-239.9		
8	Diabetes mellitus	250.00-250.93		
9	Endocrine, metabolic, and nutritional diseases; Immunity disorders	240.0-246.9, 251.0-279.9		
10	Diseases of blood and blood forming organs	280.0-289.9		
11	Mental disorder	290.0-319		
12	Alzheimer's disease	331.0		
13	Diseases of nervous system and sense organs	320.0-330.9, 331.1-389.9		
14	Diseases of cardiovascular system	391.0-392.0, 393-402.91, 404.00-429.9		
15	Diseases of cerebrovascular system	430-438.9		
16	Diseases of all other circulatory system	390, 392.9, 403.00-403.91, 440.0-459.9		
17	Diseases of respiratory system	460-519.9		
18	Diseases of digestive system	520.0-579.9		
19	Diseases of genitourinary system	580.0-608.9, 614.0-629.9		
20	Diseases of breast	610.0-611.9		
21	Complications of pregnancy, childbirth, and the puerperium	630-677		
22	Diseases of skin and subcutaneous tissue	680.0-709.9		
23	Diseases of musculoskeletal system and connective tissue (include pathological fx, malunion fx, and nonunion fx)	710.00-739.9		
24	Congenital anomalies and perinatal conditions (include birth fractures)	740.0-779.9		
25	Symptoms, signs, and ill-defined conditions (exclude HIV positive test)	780.01-795.6, 795.77, 796.0-799.9		
26	Fractures (exclude birth fx, pathological fx, malunion fx, nonunion fx)	800.00-829.1		
27	All other injuries	830.0-959.9		
28	Poisonings and adverse effects of external causes	960.0-995.94		
29	Complications of surgical and medical care	996.00-999.9		
30	Health services related to reproduction and development	V20.0-V26.9, V28.0-V29.9		
31	Infants born outside hospital (infant care)	V30.1, V30.2, V31.1, V31.2, V32.1, V32.2, V33.1, V33.2, V34.1, V34.2, V35.1, V35.2, V36.1, V36.2, V37.1, V37.2, V39.1, V39.2		
32	Health hazards related to communicable diseases	V01.0-V19.8, V40.0-V49.9		
33	Other health services for specific procedures and aftercare	V50.0-V58.9		
34	Visits for Evaluation and Assessment	V60.0-V83.89		
45	TOTAL			

\*The list of ICD-9-CM codes excluded: 795.71, V08, V27.0-V27.9

Section 4 (Cont'd)

OSHDP Facility ID No. \_\_\_\_\_

How many of the patients you reported in Section 3 "Patients and Visits by Age" Table had a **primary** or **secondary** diagnosis of HIV or Alzheimer's Disease and how many health care visits were made to them? The primary condition for which an HIV or Alzheimer's patient was visited may have been a fracture, a skin infection, cancer, or any number of primary conditions. What we are asking relates to the number of HIV or Alzheimer's patients among your total patient load, regardless of the nature of the treatment received or the primary condition of the patient.

Line No.		ICD-9-CM Code	Patients (1)	Visits (2)
51	HIV	042		
52	Alzheimer's Disease	331.0		

**HOSPICE DESCRIPTION****ANNUAL UTILIZATION REPORT OF HOSPICES - 2002****Section 5**

OSHPD Facility ID No. \_\_\_\_\_

**DO NOT COMPLETE SECTIONS 5 THROUGH 10 UNLESS YOU HAVE A HOSPICE.****LICENSEE TYPE OF CONTROL**

Line No.		(1)
1	From the list below, select the ONE category that best describes the licensee type of control of your hospice and enter the number which appears next to that category.	

**LICENSEE TYPE OF CONTROL CODES**

1	City and/or County	6	Investor - Individual
2	District	7	Investor - Partnership
3	Non-profit Corporation (incl. Church-related)	8	Investor - Limited Liability Company
4	University of California	9	Investor - Corporation
5	State		

**MEDICARE/MEDI-CAL CERTIFICATION**

Line No.	
5	Select certification: (1) Medicare <input type="checkbox"/> (2) Medi-Cal <input type="checkbox"/>

**AGENCY ACCREDITATION STATUS (Check all applicable ones.)**

Line No.	
10	Accredited by ACHC (1) Accredited <input type="checkbox"/> (2) Deemed <input type="checkbox"/> (3) None <input type="checkbox"/>
11	Accredited by CHAP (1) Accredited <input type="checkbox"/> (2) Deemed <input type="checkbox"/> (3) None <input type="checkbox"/>
12	Accredited by JCAHO (1) Accredited <input type="checkbox"/> (2) Deemed <input type="checkbox"/> (3) None <input type="checkbox"/>
13	Accredited by other: (1) Accredited <input type="checkbox"/> (2) Deemed <input type="checkbox"/> (3) None <input type="checkbox"/>

**AGENCY TYPE AS REPORTED ON MEDICARE COST REPORT**

Line No.		(1)
20	From the list below, select ONE category and enter the number which appears next to that category	

**AGENCY TYPE CATEGORIES**

Line No.		Line No.	
1	Free Standing	4	Long-Term Care Facility-based
2	Hospital-based	5	Veteran Administration-based
3	Home Health-based	6	Other

**LOCATION OF SERVICE DELIVERY (Check one)**

Line No.	
25	Primary Urban <input type="checkbox"/> Primary Rural <input type="checkbox"/> Mixed Urban and Rural <input type="checkbox"/>

**HOSPICE SERVICES****ANNUAL UTILIZATION REPORT OF HOSPICES - 2002****Section 6**

OSHDP Facility ID No. \_\_\_\_\_

**BEREAVEMENT SERVICES**

Line No.	Bereavement Services	People Served (1)
1	Survivors of hospice patients	
2	Survivors of persons not receiving hospice care	

**VOLUNTEER SERVICES**

Line No.	Volunteer Services	No. of Volunteers (1)	Volunteer Hours (2)
3	Patient / Family Services		
4	Bereavement		
5	Administrative		
	Medicare Reportable Hours (sum lines 3-5)		
6	Fundraising		
9	Other		
10	TOTAL		

**ADDITIONAL AND SPECIALIZED SERVICES**

Check all services directly provided by OR contracted for by the hospice.

Line No.	Additional and Specialized Hospice Services	Services (1)
11	Hospice Designated Inpatient Facility / Unit	
12	Specialized Pediatric Program	
13	Bereavement services to survivors of persons not receiving hospice care	
14	Adult Day Care	
15	Specialized Palliative Care Program	
16	Other	

**VISITS BY TYPE OF STAFF (Include After-Hours and Bereavement Visits)**

Line No.	Type of Staff	Visits (1)
21	Nursing - RN	
22	Nursing - LVN	
23	Social Services	
24	Hospice Physician Services	
25	Homemaker and Home Health Aide	
26	Chaplain	
29	Other Clinical Services	
30	TOTAL	

## Section 7

OSHPD Facility ID No. \_\_\_\_\_

**UNDUPLICATED HOSPICE PATIENTS BY GENDER AND AGE CATEGORY**

Line No.	Age Category	Male (1)	Female (2)	Other / Unknown (3)	Total (4)
1	0-1 Years				
2	2-5 Years				
3	6-10 Years				
4	11-20 Years				
5	21-30 Years				
6	31-40 Years				
7	41-50 Years				
8	51-60 Years				
9	61-70 Years				
10	71-80 Years				
11	81-90 Years				
12	91 + Years				
15	TOTAL				

**UNDUPLICATED HOSPICE PATIENTS BY GENDER AND RACE**

Line No.	Race	Male (1)	Female (2)	Other / Unknown (3)	Total (4)
21	White				
22	Black				
23	Native American				
24	Asian/Pacific Islander				
25	Other / Unknown				
30	TOTAL				

**UNDUPLICATED HOSPICE PATIENTS BY GENDER AND ETHNICITY**

Line No.	Ethnicity	Male (1)	Female (2)	Other / Unknown (3)	Total (4)
31	Hispanic				
32	Non-Hispanic				
33	Unknown				
35	TOTAL				



## Section 7 (Con't)

OSHPD Facility ID No. \_\_\_\_\_

## HOSPICE PATIENT ADMISSIONS BY SOURCE OF REFERRAL

Line No.	Source of Referral	Patients (1)
41	Home Health Agency	
42	Hospital (Discharge Planner, etc.)	
43	Long-Term Care Facility	
44	Other Hospice	
45	Payer (Insurer, HMO, etc.)	
46	Physician	
47	RCFE / ARFCLHF	
48	Self / Family / Friend	
49	Social Service Agency	
54	Other	
55	TOTAL	

## HOSPICE PATIENT DISCHARGES BY REASON

Line No.	Reason for Discharge	Patients (1)
61	Death	
62	Patient Moved Out of Area	
63	Patient Refused Service	
64	Transferred to Another Local Hospice	
65	Prognosis Extended	
66	Patient Desired Curative Treatment	
69	Other	
70	TOTAL	

## HOSPICE PATIENTS DISCHARGED BY LENGTH OF STAY

Line No.	Length of Stay (Days)	Patients (1)
71	0-5 Days	
72	6-10 Days	
73	11-15 Days	
74	16-20 Days	
75	21-30 Days	
76	31-60 Days	
77	61-90 Days	
78	91-120 Days	
79	121-150 Days	
80	151-180 Days	
84	181 + Days	
85	TOTAL	

## Section 7 (Con't)

OSHDP Facility ID No. \_\_\_\_\_

## HOSPICE PATIENT ADMISSIONS BY COUNTY AND DISCHARGES BY DISPOSITION

Line No.	County of Patient's Residence at Time of Admission (1)	No. of Admissions (2)	No. of Deaths (3)	No. of Non-Death Discharges (4)	No. of Patients Served (5)
91					
92					
93					
94					
95					
96					
97					
98					
99					
100	TOTAL				

# HOSPICE UTILIZATION

# ANNUAL UTILIZATION REPORT OF HOSPICES - 2002

## Section 8

OSHPD Facility ID No. \_\_\_\_\_

Please provide the number of patients discharged during calendar year reported regardless of payment source. Count the patient only under the principal diagnosis for which the patient was admitted for hospice care. Report each patient only once. The ICD-9-CM codes are provided only as a guide for you. You may use your hospice's existing definitions for diagnosis groups or the LMRP diagnosis codes from your fiscal intermediary, provided they match in a general way with the ICD-9-CM codes suggested.

### DISCHARGED HOSPICE PATIENT'S VISITS AND PATIENT DAYS BY DIAGNOSIS

Line No.	Diagnosis	ICD-9-CM Codes	No. of Patient Discharges (1)	Visits for Discharged Patients (2)	Discharged Patients Total Days of Care (3)
1	Cancer	140.0-208.91, 230.0-234.9			
2	Heart	391.0-392.0, 393-402.91, 404.0-404.9 with fifth digit 1 or 3, 410.00-429.9			
3	Dementia & Cerebral Degeneration	290.0-294.9, 331.1-331.9			
4	Lung, excluding cancer	460-519.9			
5	Kidney, excluding cancer	580.0-589.9, 403.00-403.93, 404.0-404.9 with fifth digit 2 or 3, 405.0-405.9 with 5th digit 1			
6	Liver, excluding cancer	570-573.9			
7	HIV	042			
8	Brain Stroke and late effects	430-436, 438.0-438.9, 997.02			
9	Coma, with or without brain injury	780.01-780.09, 850.4, 851.x5, 852.x5, 583.x5, 854.x5			
10	Diabetes	250.00-250.93			
11	ALS*	335.20			
19	Other	All other codes that are not in lines 1-11.			
20	TOTAL				

\*Amyotrophic lateral sclerosis (ALS), also called Lou Gehrig's Disease

## Section 9

OSHPD ID No. \_\_\_\_\_

Please provide patient days for all patients served, including those in nursing facilities during the calendar year reported. Patients who change primary pay source during the calendar year reported should be reported for each pay source with the number of days of care recorded for each source (count each day only once even if there is more than one pay source on any one day).

## LEVEL OF CARE AND SOURCE OF PAYMENT

		No. of Patients Served	Days of Routine Home Care	Days of Inpatient Care	Days of Respite Care	Days of Continuous Care	Total Patient Care Days
Line No.	Source of Payment	(1)	(2)	(3)	(4)	(5)	(6)
1	Medicare						
2	Medi-Cal						
3	Medi-Cal Managed Care						
4	Managed Care						
5	Private Insurance						
6	Self Pay						
7	Charity						
9	Other*						
10	TOTAL						

\* Other payment sources may include but not limited to Workers Comp., Home Health benefit, etc.

## LOCATION OF CARE PROVIDED

		Days of Routine Home Care	Days of Inpatient Care	Days of Respite Care	Days of Continuous Care	Total Patient Care Days
Line No.	Location of Care	(1)	(2)	(3)	(4)	(5)
21	Home					
22	Hospital					
23	SNF					
24	CLHF					
25	RCFE / ARF					
29	Other					
30	TOTAL					

# HOSPICE INCOME AND EXPENSES STATEMENT

ANNUAL UTILIZATION REPORT OF HOSPICES - 2002

## Section 10

OSHPD Facility ID No. \_\_\_\_\_

### DETAIL OF OPERATING EXPENSES

Where indicated, use data from Medicare Cost Report Worksheet A Column 10 and Lines as listed.

Line No.		Total (1)	Medicare Cost Report Worksheet A, Column 10
30	<b>General Service Cost Centers</b> Administrative and General		Sum of Lines 1-6
31	<b>Inpatient Care Service</b> Inpatient - General Care		Line 10
32	Inpatient - Respite Care		Line 11
33	<b>Nursing Home</b> Room & Board SNFMedi-Cal Pass through Payments	( )	
34	Medi-Cal Room & Board Contractual Payments		
35	<b>Program Supervision</b> Hospice Program / Team Supervision (Non-visit wages)		
36	<b>Visiting Services</b> Physician Services		Line 15
37	Nursing Care		Line 16
38	Rehabilitation Services (PT, OT, Speech)		Sum of Lines 17, 18 & 19
39	Medical Social Services - Direct		Line 20
40	Spiritual Counseling		Line 21
41	Dietary Counseling		Line 22
42	Counseling - Other		Line 23
43	Home Health Aides and Homemakers		Line 24
44	Other Visiting Services		Line 25
45	<b>Hospice Service Cost Centers</b> Drugs, Biologicals and Infusion		Line 30
46	Durable Medical Equipment / Oxygen		Line 31
47	Patient Transportation		Line 32
48	Imaging, Lab and Diagnostics		Sum of Lines 33 & 34
49	Medical Supplies		Line 35
50	Outpatient Services (including ER Dept.)		Line 36
51	Radiation Therapy		Line 37
52	Chemotherapy		Line 38
53	Other Hospice Service Costs		Line 39
54	<b>Other Hospice Costs</b> Bereavement Program Costs		Line 50
55	Volunteer Program Costs		Line 51
56	Fundraising		Line 52
57	<b>Other Costs</b> Other Program Costs *		Line 53 plus any other costs
59	Total Operating Expenses		

\* Program costs including community education and outreach program costs.

## Section 10 (Cont'd)

OSHDP Facility ID No. \_\_\_\_\_

### HOSPICE INCOME STATEMENT

Line No.		Total (1)
	<b>Gross Patient Revenue</b>	
101	Medicare	
102	Medi-Cal (Excluding Room & Board)	
103	Medi-Cal Managed Care (Excluding Room & Board)	
104	Managed Care (Non Medi-Cal)	
105	Private Insurance	
106	Self-Pay	
109	Other Payers	
110	Total Gross Patient Revenue (sum of lines 101 through 109)	
	<b>Write-offs and Adjustments</b>	
111	Contractual Adjustments	
112	Denials / Bad Debt	
113	Charity	
119	Other Write-offs and Adjustments	
120	Total Write-offs and Adjustments (sum of lines 111 through 119)	
125	Net Patient Revenue (line 110 minus line 120)	
	<b>Other Operating Revenue</b>	
131	Grants	
132	Donations / Contributions	
133	Unrelated Business Income	
139	Other	
140	Total Other Operating Revenue (sum of lines 131 through 139)	
145	Total Operating Revenue (line 125 plus line 140)	
	<b>Operating Expenses</b>	
151	General Service Cost Centers	
152	Inpatient Care Service	
153	Nursing Home	
154	Program Supervision	
155	Visiting Services	
156	Hospice Service Cost Centers	
157	Other Hospice Costs	
159	Other Costs	
160	Total Operating Expenses (sum of lines 151 through 159)	
165	Net from Operations (line 145 minus line 160)	
170	Income Tax	
175	Net Income (line 165 minus line 170)	